2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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DOCUMENT # P03000110428 1. Entity Name				Secretary of State
SCHARF	TILE, INC.			
Principal Place of Business		Mailing Address		
1951 LAVINA ST		1951 LAVINA ST		
DELTONA	FL 32738	DELTONA FL 32738		
2. Principal Place of Business		3. Mailing Address		C (CCCCCCC (CC MBLES (CCC MBLES 1104 MBLIS 1103) 1033) 53379 33379 33379 33379
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 20-0295037 Applied F
Zip	Country	Zıp	Country	5. Certificate of Status Desired
	6. Name and Address of Curr	rent Registered Agent	Name	7. Name and Address of New Registered Agent
SCHARF, SCOTT 1951 LAVINA ST DELTONA FL 32738			<u></u>	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligation	e named entity submits this statementions of registered agent.	ent for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. Lam familiar with, and ac
SIGNATURE	Signature, typed or perillad name al registered i	agent and into A applicable (NO	TE Registored Agent signature requ	uned whon constaling) DATE
F	ILE NOW!!! FEE IS \$150.00	em modern in a special		
After	May 1, 2006 Fee Will Be \$55 k Payable to Florida Departme	0.00		G. Election Campeign Financing \$5.00 Ma Trust Fund Contribution. □ Added to F∈
10.	T	NO DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D SCHARF, SCOTT	☐ Delete	TITLE MANUE	☐ Change ☐ ħ
STREET ADDRESS	1951 LAVINA ST		STREET ADORESS	
CITY-ST-ZIP	DELTONA FL 32738		CITY-SI-ZIP	
πιε	PVST	☐ Delete	TITLE	☐ Change ☐ A
NAME CTOSE TANGETCO	SCHARF, SCOTT T1951 LAVINA ST		NAME CERSET APPRICES	U00000400000
CITY-ST-ZIP	DELTONA FL 32738		STREET ADDRESS CITY-ST: ZIP	100000493830 04/20/06-800 <u>20-</u> 012 150. <i>0</i> 0
TITLE		☐ Delete	3.00	□ Change □ A.*
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TITLE	}	☐ Defete	TATLE	☐ Change ☐ Ai
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City-ST-ZIP			CATY-ST-ZIP	
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NAME	}		NAME	
Street address City-St-Zip			STREET ADDRESS CITY-ST-ZIP	
THIE		☐ Deleto	TITLE	[] Chance [] 1.4
HAME		rai Deletit	NAME	☐ Change ☐ Ar
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby of indicated of the color of change	certify that the information supplied on this report or supplemental repr poration or the receiver or trustee ad, or on an attachment with an add	d with this filling does not quality on is true and accurate and that is empowered to execute this repo dress, with all other like empowe	for the exemptions contain my signature shall have that rt as required by Chapter red.	ined in Section 119, Florida Statutes, I further certify that the information same legal effect as if made under eath, that I am an officer or direction, Florida Statutes; and that my name appears in Block 10 or Block

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