


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P03000118387	
1. Entity Name HEATH GREEN TILE INC	

Principal Place of Business 1377 SPRING GARDEN RANCH ROAD DELEON SPRINGS, FL 32130	Mailing Address P O BOX 1602 DELEON SPRINGS, FL 32130 US
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03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0850967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREEN, HEATH 1377 SPRING GARDEN RANCH ROAD DELEON SPRINGS, FL 32130

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, HEATH 1377 SPRING GARDEN RANCH ROAD DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, JENNIFER M SPRING GARDEN RANCH RD DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREEN, HEATH 1377 SPRING GARDEN RANCH ROAD DELEON SPRINGS, FL 32130
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-07 (386) 985-5783
Date Daytime Phone #