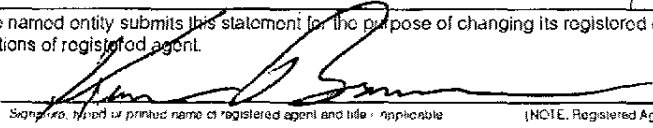


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000120331					
1. Entity Name AFFORDABLE TILE INSTALLATION INC					
Principal Place of Business 234 DEERWOOD CIRCLE MIDDLEBURG FL 32068			Mailing Address 234 DEERWOOD CIRCLE MIDDLEBURG FL 32068		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0338225	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARROWS, KEVIN 234 DEERWOOD CIRCLE MIDDLEBURG FL 32068			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 				DATE 1-27-07	
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	TOLER, ART		NAME		
STREET ADDRESS	4423 BLAKLEY CT		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32257		CITY ST ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Add
NAME	BARROWS, KEVIN		NAME		
STREET ADDRESS	234 DEERWOOD CIRCLE		STREET ADDRESS		
CITY ST ZIP	MIDDLEBURG FL 32068		CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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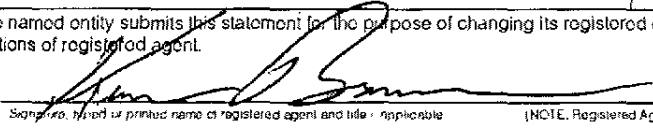
1st MOORE CR2E034 (10/06)

4. FEI Number **20-0338225**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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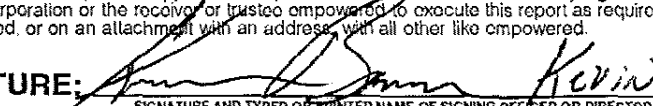
SIGNATURE  DATE **1-27-07**

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TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **KEVIN BARROWS** 1-27-07 904-541-67

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #