2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 10, 2006 08:00 AM Secretary of State

Date

Daytone Phone #

DOCUMENT # P03000121621 1. Entity Name ARTISTIC TILE AND STONE, INC.				Secretary of State
Principal Place 113 AZALEA LAKELAND,	STREET	Meiling Address 113 Azalea Street Lakeland, FL 33803	-	
DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent			01092006 No Chg-P CR2E034 (11/05) 4. FEL Number App 73-1686570 Not.	01092006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For Status Destroit S. Certificate of Status Destroit S. S. S. 75 Additional
FORTIER, JOHN L 113 AZALEA STREET LAKELAND, FL 33803				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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed meme of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIR	9. Election Campaign Finar Trust Fund Contribution.	· — • ·	CO May Be ed to Fees
NITE NAME SIREE! ADDRESS CNTY-ST-ZIP	P FORTIER, JOHN L 113 AZALEA STREET LAKELAND, FL 33803			
NAME STREET ADDRESS CITY-ST-ZIP				U00000437914 04/22/06-80073-007 150.00
HTLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
Title Name Sireli address City-St-Zip	_			IN THIS SPACE
NAME SIREET ADDRESS CATY-ST-ZIP				
TITLE NAME STREET ADORESS CITY-ST-ZIP				
12. Thereby 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 reflor is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or truesde empowered to selected this report as required by Chapter 507, 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.				