

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000123209

1. Entity Name
TILING BY JOHN, INC.



Principal Place of Business
**1562 LAVILLA STREET
DELTONA, FL 32725**

Mailing Address
**1562 LAVILLA STREET
DELTONA, FL 32725**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3275300

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROULIER, JEAN
1562 LAVILLA STREET
DELTONA, FL 32725**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ROULIER, JEAN
STREET ADDRESS	1562 LAVILLA STREET
CITY- ST- ZIP	DELTONA, FL 32725
TITLE	D
NAME	ROULIER, JEAN
STREET ADDRESS	1562 LAVILLA STREET
CITY- ST- ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000564071
05/20/06-80042-013 8.75

~~U00000517907~~
~~05/01/06-80069-001 150.00~~

U00000564071
05/20/06-80042-014 150.00

**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

04/11/06 386789602

Date

Daytime Phone #