2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-10-2006 90104 045 ***150.00

DOCUMENT # P03000124806

1. Entity Name
TILE WORKS & DIRTY DEEDS INC.

b6U1947J

Principal Place of Business	Mailing Address
6807 CABELLO DRIVE JACKSONVILLE, FL 32226 US	6807 CABELLO DRIVE JACKSONVILLE, FL 32226 US

DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0069336
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOZEMAN, JAMES A
701 SOANISH MAIN RD
#557
CUDJOE KEY, FL 33042

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	BOZEMAN, DONNA M
STREET ADDRESS	6807 CABELLO DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	SVD
NAME	BOZEMAN, JAMES A
STREET ADDRESS	6807 CABELLO DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: James A Bozeman 6-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

904-327-5076
Daytime Phone #

ATTACHMENT

66019479

#PO3000124806

Please accept my fee late. It was an oversight on my part. I have tried to get this in the mail sooner but kept forgetting. Please waive the late fee which would cost $350.00 more. I am thanking in advance in hopes that you will understand.

Thank You,

Donna Bozeman