

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125096

Entity Name: MIKE WILSON TILE, INC.

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

577 O'STEEN ROAD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

577 O'STEEN ROAD
PERRY, FL 32347

New Mailing Address:

FEI Number: 20-0378664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MICHAEL U
577 O'STEEN ROAD
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WILSON, MICHAEL
Address: 577 O'STEEN ROAD
City-St-Zip: PERRY, FL 32347

Title: VP () Delete
Name: WILSON, MICHAEL
Address: 577 O'STEEN ROAD
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WILSON

PST

04/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date