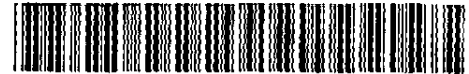


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000125115	
1. Entity Name HERCULES TILE INC.	

Principal Place of Business 23-B COLUMBIA LANE PALM COAST FL 32137	Mailing Address PO BOX 354124 PALM COAST FL 32135
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **20-0376134** ☐ Applied For
☐ Not Applied

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

6. Name and Address of Current Registered Agent

**NUNEZ, FANNY O
23-B COLUMBIA LANE
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	NUNEZ, FANNY O			NAME			
STREET ADDRESS	23-B COLUMBIA LANE			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	NUNEZ, FANNY O			NAME			
STREET ADDRESS	23-B COLUMBIA LANE			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137			CITY-ST-ZIP			
TITLE	SEC	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	COQUIM, JOAO E			NAME			
STREET ADDRESS	23-B COLUMBIA LANE			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137			CITY-ST-ZIP			
TITLE	TREA	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	COQUIM, JOAO E			NAME			
STREET ADDRESS	23-B COLUMBIA LANE			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
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: *[Signature]*

1/31/06