


FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 025 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000127093			
1. Entity Name CRAWFORD'S PERFORMANCE TILE, INC.			
Principal Place of Business 5000 PALM AVENUE BUNNELL, FL 32110		Mailing Address 5000 PALM AVENUE BUNNELL, FL 32110	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <i>See Above</i>		Suite, Apt. #, etc. <i>See Above</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0427943		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, MARSHA L 5000 PALM AVENUE BUNNELL, FL 32110		7. Name and Address of New Registered Agent Name <i>ROBERT NEWSHOLME</i> Street Address (P.O. Box Number is Not Acceptable) <i>35 RIVERA LANE</i> City <i>Palm Coast</i> FL Zip Code <i>32164</i>	
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 <i>[Signature]</i> DATE <i>4/4/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, BRIAN W 5000 PALM AVENUE BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAWFORD, MARSHA L 5000 PALM AVENUE BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/4/08</i> Daytime Phone # <i>386-793-7156</i>	