

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90322 009 ***150.00

DOCUMENT # P03000127811	
1. Entity Name CHUCK'S TILE & HOME IMPROVEMENTS, INC.	

Principal Place of Business 1105 W. VOORHIS AVENUE DELAND, FL 32720	Mailing Address 1105 W. VOORHIS AVENUE DELAND, FL 32720
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2. Principal Place of Business 112 LITTLETON CIRCLE	3. Mailing Address 112 LITTLETON CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELAND, FL	City & State DELAND, FL
Zip 32724	Zip 32724
Country USA	Country USA

40071818



04252006 Chg-P CR2E034 (11/05)

4. FEI Number 45-0527431	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WERT, CHARLES 1105 W. VOORHIS AVENUE DELAND, FL 32720	7. Name and Address of New Registered Agent Name WERT, CHARLES Street Address (P.O. Box Number is Not Acceptable) 112 LITTLETON CIRCLE City DELAND FL Zip Code 32724
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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 reappointing)

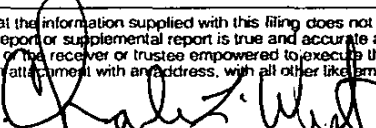
DATE

**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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERT, CHARLES 1105 W VOORHIS AVE DELAND, FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST WERT, CHARLES 112 LITTLETON CIRCLE DELAND, FL 32724 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, DONALD A., JR. 103 E. VILLA CAPRI CIRCLE APT. F DELAND, FL 32724 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **CHARLES WERT - PRESIDENT** 4/25/06 386-717-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #