

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000128345

Entity Name: JIMMIE JONES TILE INC.

FILED
Sep 26, 2006
Secretary of State

Current Principal Place of Business:

8719 JOHN HAMM ROAD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

8719 JOHN HAMM ROAD
MILTON, FL 32583

New Mailing Address:

FEI Number: 52-2416282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JIMMIE
8719 JOHN HAMM ROAD
MILTON, FL 32583 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, JIMMIE
Address: 8719 JOHN HAMM ROAD
City-St-Zip: MILTON, FL 32583

Title: S () Delete
Name: MURRAY, SETH
Address: 7554 BLACKJACK CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: HAMM, DEWEY W
Address: 8698 JOHN HAMM ROAD
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMIE JONES

P

09/26/2006

Electronic Signature of Signing Officer or Director

Date