2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State
06-06-2007 90069 020 ***150.00

OCUMENT # P03000128345
Entity Name
VMIE JONES TILE INC.

ncipal Place of Business	Mailing Address
~~119 JOHN HAMM ROAD~~	~~8719 JOHN HAMM ROAD~~
ILTON, FL 32583	MILTON, FL 32583

04242007 Chg-P CR2E034 (12/06)

Principal Place of Business - No P.O. Box #	3. Mailing Address
1951 Beneva Rd	1951 Beneva Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2416282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JIMMIE
~~8719 JOHN HAMM ROAD~~ 1951 Beneva Rd
MILTON, FL 32583

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, JIMMIE ~~8719 JOHN HAMM ROAD~~ MILTON, FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1951 Beneva Rd	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MURRAY, SETH 7554 BLACKJACK CIRCLE NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 119, Florida Statutes. I further certify that the informatio 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmie Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #