

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 040 ***150.00

DOCUMENT # P03000129159					
1. Entity Name ARC TILE SETTING, INC.					
Principal Place of Business 1132 BAYCREST DR WESLEY CHAPEL, FL 33543			Mailing Address 1132 BAYCREST DR WESLEY CHAPEL, FL 33543		
2. Principal Place of Business - No P.O. Box # 1308 GENTILLY LANE		3. Mailing Address 1308 GENTILLY LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04032008 Chg-P CR2E034 (12/06)	
Zip 33544 Country		Zip 33544 Country		4. FEI Number 20-0386188	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DA CUNHA, ALAN GIOVANI 1132 BAYCREST DR WESLEY CHAPEL, FL 33543			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1308 GENTILLY LANE City FL Zip Code 33544		
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 				DATE 4/18/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	P DA CUNHA, ALAN GIOVANI <input type="checkbox"/> Delete 1132 BAYCREST DR WESLEY CHAPEL, FL 33543		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1308 GENTILLY LANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33544	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 4/18/08 Daytime Phone # (813) 426-2554		
Signature and typed or printed name of signing officer or director					