

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90405 023 ***150.00

DOCUMENT # P03000131456

1. Entity Name
AAA TILE & MARBLE, INC.



Principal Place of Business
838 E REDHOUSE BRANCH RD.
ST. AUGUSTINE, FL 32084

Mailing Address
838 E REDHOUSE BRANCH RD.
ST. AUGUSTINE, FL 32084

40087533

2. Principal Place of Business - No P.O. Box #
149 Summer Point Drive
Suite, Apt. #, etc.

3. Mailing Address
149 Summer Point Drive
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

04132008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0397680

Applied For
Not Applicable

Zip
32086

Country
USA

Zip
32086

Country
USA

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

6. Name and Address of Current Registered Agent

PLAPPERT, WILLIAM H
838 E REDHOUSE BRANCH RD
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

149 Summer Point Drive

City St. Augustine

FL

Zip Code
32086

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PLAPPERT, WILLIAM H ☐ Delete
STREET ADDRESS 838 E REDHOUSE BRANCH RD
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 149 Summer Point Drive
CITY-ST-ZIP St. Augustine, FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

Daytime Phone #

904-669-5156