

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90227 038 ***150.00

DOCUMENT # P03000131487

1. Entity Name:

ROBINSON TILE & MARBLE INC.



Principal Place of Business

2943 CORRIGAN DR.
DELTONA FL 32738

Mailing Address

2943 CORRIGAN DR.
DELTONA FL 32738



2. Principal Place of Business

1025 CROWE RD

Suite, Apt. #, etc.

3. Mailing Address

1025 CROWE RD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MURPHY NC

City & State

MURPHY NC

4. FEI Number

59-3392817

Applied For

Not Applicable

Zip

28906

Country

USA

Zip

28906

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CURTIS J
2943 CORRIGAN DR.
DELTONA FL 32738

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, type or print 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME ROBINSON, CURTIS J
STREET ADDRESS 2943 CORRIGAN DR.
CITY-ST-ZIP DELTONA FL 32738

TITLE V ☐ Delete
NAME ROBINSON, ANTHONY C
STREET ADDRESS 3699 PAMONA ST.
CITY-ST-ZIP DELTONA FL 32738

TITLE S ☐ Delete
NAME ROBINSON, KAREN F
STREET ADDRESS 2943 CORRIGAN DRIVE
CITY-ST-ZIP DELTONA FL 32738

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 1025 CROWE RD
CITY-ST-ZIP MURPHY NC 28906

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

TITLE ☒ Change ☐ Addition
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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 Section 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:

Karen E. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

828 644-8828

Date

Daytime Phone #