

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 043 ***150.00

DOCUMENT # P03000131542

1. Entity Name
SCOTT TILE INC.



Principal Place of Business
3709 THOMASVILLE RD
TALLAHASSEE, FL 32303 US

Mailing Address
3709 THOMASVILLE RD
TALLAHASSEE, FL 32309 US

40044000



2. Principal Place of Business

3212 Shady Hawk Ln
Suite, Apt. #, etc.

3. Mailing Address

3212 Shady Hawk Ln
Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State

Tallahassee, FL

Zip

32309

Country

Leon

City & State

Tallahassee, FL

Zip

32309

Country

Leon

4. FEI Number

20-0545487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JERRY E
7903 TALLEY ANN DR
TALLAHASSEE, FL 32311

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, 2006 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 P
NAME SCOTT, KEITH E ☐ Delete
STREET ADDRESS 3709 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE P
NAME Scott, Keith E ☒ Change ☐ Addition
STREET ADDRESS 3212 Shady Hawk Ln
CITY-ST-ZIP Tallahassee, FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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:

Keith Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

850-933-5105

Daytime Phone #