

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000132196

1. Entity Name  
SCHMIDT TILE, INC.



Principal Place of Business  
9637 COMMODORE DRIVE  
SEMINOLE, FL 33776

Mailing Address  
9637 COMMODORE DRIVE  
SEMINOLE, FL 33776



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2133384

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHMIDT, JAMES  
9637 COMMODORE DRIVE  
SEMINOLE, FL 33776

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE D  
NAME SCHMIDT, JAMES  
STREET ADDRESS 9637 COMMODORE DRIVE  
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE D  
NAME SCHMIDT, CHRISTOPHER  
STREET ADDRESS 9637 COMMODORE DRIVE  
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE M  
NAME BREIER, MICHAEL  
STREET ADDRESS 9637 COMMODORE DRIVE  
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000621055  
02/12/07-80001-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #