

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90097 031 ***150.00

DOCUMENT # P03000134045

1. Entity Name
WEST WIND CERAMIC TILE AND STONE, INC.



Principal Place of Business
9001 QUAIL ROOST DRIVE
NAVARRE, FL 32566 US

Mailing Address
9001 QUAIL ROOST DRIVE
NAVARRE, FL 32566 US

40033694



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0400355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

R. LANE LYNCHARD, P.A.
8285 NAVARRE PARKWAY
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name
Lynchard Law Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable)
7552 Navarre Pkwy, Ste. 9

City Navarre FL Zip Code 32566

B. 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 R. Lane Lynchard, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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,D ☐ Delete
NAME HILGER, CHARLES R SR.
STREET ADDRESS 9001 QUAIL ROOST DRIVE
CITY-ST-ZIP NAVARRE, FL 32566

TITLE S,D ☐ Delete
NAME HILGER, MARILYN J
STREET ADDRESS 9001 QUAIL ROOST DRIVE
CITY-ST-ZIP NAVARRE, FL 32566

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
CITY-ST-ZIP

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

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

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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 exemption stated in Section 119.07(3)(i), 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: CHARLES R HILGER SR Charles R Hilger Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 3

1-8-07

850-939-8189