

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000135609			
1. Entity Name O.K. TILE, INC.			
Principal Place of Business 3108 35TH ST. SW LEHIGH ACRES FL 33971		Mailing Address 3108 35TH ST. SW LEHIGH ACRES FL 33971	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TIPTON, JOHN B 3108 35TH ST W LEHIGH ACRES FL 33971		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 _____ (NOTE: Registered Agent signature required when re-appointing)			
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 Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TIPTON, JOHN B 3108 35TH ST. SW LEHIGH ACRES FL 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000435420 ☐ Change ☐ Add 02/25/06-80041-011 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V TIPTON, WINSTON B 18300 LYNN RD. N. FT. MYERS FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST TIPTON, MICHAEL 18300 LYNN RD. N. FT. MYERS FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add

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: *President John Buck Tipton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

62-10-06 239-872-1477
Date Date of Filing