

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137248

1. Entity Name  
STEPHEN BARTLETT TILE, INC.



FILED

2008 APR 25 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0425779

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4 FLR  
MIAMI, FL 33145

## 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME BARTLETT, STEPHEN  
STREET ADDRESS 345 PARADISE LANE  
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE V ☐ Delete  
NAME BARTLETT, SANDI  
STREET ADDRESS 345 PARADISE LANE  
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE S ☒ Delete  
NAME KEY, AARON  
STREET ADDRESS 345 PARADISE LANE  
CITY-ST-ZIP APALACHICOLA, FL 32320

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 300125811059  
STREET ADDRESS 04/25/08--01026--020 \*\*150.00  
CITY-ST-ZIP

TITLE VS ☒ Change ☐ Addition  
NAME Bartlett, Sandi  
STREET ADDRESS 345 Paradise Lane, Apalachicola, FL 32320  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08

Date

Daytime Phone #