

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000137780 1. Entity Name SCHAEFER TILE, INC.	
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Principal Place of Business 829 SUNRIDGE POINT DR. SEFFNER, FL 33584	Mailing Address 829 SUNRIDGE POINT DR. SEFFNER, FL 33584
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DO NOT WRITE IN THIS SPACE



04092006 No Chg-P CR2E034 (11/05)

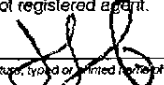
4. FEI Number 73-1687230	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHAEFER, JESSE
829 SUNRIDGE POINT DR.
SEFFNER, FL 33584**

**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  **PRESIDENT JESSE SCHAEFER** **4/9/06**
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
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10. OFFICERS AND DIRECTORS

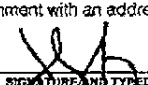
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U00000506690
04/27/06-80032-012 150.00

U00000506690
04/27/06-80032-011 8.75

**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 like empowered.

SIGNATURE:  **JESSE SCHAEFER** **4/9/06** **813-810-7661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #