

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90346 034 \*\*\*150.00

<b>DOCUMENT # P03000137910</b> 1. Entity Name <b>PALM COAST FLORIDA TILE, INC.</b>					
Principal Place of Business <b>4 WALT PLACE PALM COAST, FL 32164</b>			Mailing Address <b>4 WALT PLACE PALM COAST, FL 32164</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		03302008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>36-4543575</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAVY, BENJAMIN 25 PINE CONE DR SUITE 2A PALM COAST, FL 32164</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLEETH, JOEL P 4 WALT PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Joel Sleeth</u> <b>PRESIDENT OWNER</b> <u>4/19/08</u>					

ATTACHMENT

40084591

# P0300037910

To Whom it may concern, April 22, 2008

A signed copy was sent by mistake  
without the check enclosed yesterday.  
Please attach it to the records.

Thank you

Joe R. Hines

FEI NUMBER

36-4543575

Palm Coast Florida Vile Inc