## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 Al **DOCUMENT # P03000139538** Secretary of State 1. Entity Name ESTES TILE INC. Principal Place of Business Mailing Address 1047 OLD BIG TREE ROAD 1047 OLD BIG TREE ROAD US DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 04292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0427296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, NOEL DO NOT WRITE 1872 TAMIAMI TRAIL S SUITE G VENICE, FL 34293 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. (NOTE. Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE ESTES, JAY NAME STREET ADDRESS 1047 OLD BIG TREE ROAD CITY-ST-ZIP DAYTONA BEACH, FL 32119 TITLE U00000554304 NAME ESTES, VIVIAN ns/ĭš708-80086-022 150.00 STREET ADDRESS 1047 OLD BIG TREE ROAD CITY-ST-ZiP DAYTONA BEACH, FL 32119 me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP सार NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 cath; 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:

SIGNATURE:

SIGNATURE AND TYPENOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Prome #

CITY-ST-ZIP