2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140452

1. Entity Name
T C M TILE INSTALLATION INC.

FILED
2006 OCT 10 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3000 Thorn Glen CT. JACKSONVILLE, FL 32208	3000 Thorn Glen CT. JACKSONVILLE, FL 32208

09082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0221409
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRAN, DAVID M
2103 TEGNER DR
JACKSONVILLE, FL 32210

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: X [signature] 10/05/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRAN. DAVID M
STREET ADDRESS	3000 TEGNER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	NGUYEN, JIMMY
STREET ADDRESS	8568 NORMANDY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	V
NAME	NGUYEN, HANG NGOC
STREET ADDRESS	2103 TEGNER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

B 10/12/06
[illegible] 06

200090149452
09/25/06--01053--003 **550.00

400092095034
10/19/06--01046--015 **209.75

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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: X [signature] President SEP 20th 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #