

**FILED****Apr 18, 2007 08:00 AM**  
**Secretary of State****2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # P03000141270**1. Entity Name  
**W.T. TILE, INC.**Principal Place of Business  
**2111 SEAGULL DRIVE  
CLEARWATER, FL 33764**Mailing Address  
**2111 SEAGULL DRIVE  
CLEARWATER, FL 33764**

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number:  
**59-3329095**Approved For  
Not Applicable5. Certificate of Service Fee ☐ **\$8.75 Additional  
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****ECKERT, WILLIAM  
2111 SEAGULL DRIVE  
CLEARWATER, FL 33764****DO NOT WRITE  
IN THIS SPACE****7. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and approve the submission of signature of agent.**

SIGNATURE

Signature typed or printed name of person or agent authorized to sign

(If signed by a person other than the registered agent, please print name and title)

Date

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees****10. OFFICERS AND DIRECTORS**

|                |                             |
|----------------|-----------------------------|
| NAME           | <b>P</b>                    |
| NAME           | <b>ECKERT, WILLIAM</b>      |
| STREET ADDRESS | <b>2111 SEAGULL DRIVE</b>   |
| CITY, ST, ZIP  | <b>CLEARWATER, FL 33764</b> |
| NAME           |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| NAME           |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

**DO NOT WRITE  
IN THIS SPACE****U00000713680  
04/26/07-80099-012 150.00****12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 it is under oath that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address, which all are hereby approved.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Provided

**4.15.07**