

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000142215

1. Entity Name
SIMMONS TILE, INC.



Principal Place of Business
8431 NE 78 LANE
GAINESVILLE, FL 32609

Mailing Address
8431 NE 78 LANE
GAINESVILLE, FL 32609

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0404126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STORMANT, JOHN
4232 NW 6TH ST
SUITE A-1
GAINESVILLE, FL 32609

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMMONS, DANIEL
8430 NE 78 LANE
GAINESVILLE, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMMONS, ELIZABETH
8430 NE 78 LANE
GAINESVILLE, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARNEY, SHAWN
110 NW 39 AVE APT 114B
GAINESVILLE, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954638
07/14/08-800008-025 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08 (352) 372-1646

Date

Daytime Phone #