2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2006 08:00 AM Secretary of State DOCUMENT # P03000142217 1. Entity Name GREG HERNDON TILE, INC. Principal Place of Business Mailing Address 4710 53RD AVE E BRADENTON FL 34203 4710 53RD AVE E BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address same as above Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 80-0092804 Not Applicat Zio Country Country Zo \$8.75 Additional 5. Certificate of Status Desired . Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNDON, GREGORY 4710 53RD AVE E Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34203** City 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. Eignature, typed or ported name of repetered agent and little if applicable (NOTE Registered Agent signature miquien when remission) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME GERNDON, GREGORY U00000542848 STREET ADDRESS 6633 STATE RD 70 E UNIT C101 STREET ADDRESS 05/10/06-80113-025 150.00 CRY-ST-MP BRADENTON FL 34203 CITY-ST-ZIP Teri E Addition ☐ Delete INTE Change NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-18 CITY-ST-ZIP HHE ☐ Delete 33111 Change T Addition MAME MANY STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP EITY-ST-ZIP ME ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CiTY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this report or supplemental poor is the 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 of the sectives of the sective of the sective of the section of the receiver of the section of the receiver of the section of the receiver of the section of t

SIGNATURE:

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Greg Herndon 3/1/06 941-256-3730

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