

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000147217

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** AMAZING TILE BY JOHN LANNON INC.

**Current Principal Place of Business:**

14927 WEST NEWBERRY ROAD  
NEWBERRY, FL 32669

**New Principal Place of Business:**

23109 NW 62ND AVE  
ALACHUA, FL 32615

**Current Mailing Address:**

14927 WEST NEWBERRY ROAD  
NEWBERRY, FL 32669

**New Mailing Address:**

23109 NW 62ND AVE  
ALACHUA, FL 32615

**FEI Number:** 59-3773565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANNON, JOHN  
14927 WEST NEWBERRY ROAD  
NEWBERRY, FL 32669 US

**Name and Address of New Registered Agent:**

LANNON, JOHN  
23109 NW 62ND AVE  
ALACHUA, FL 32615 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/08/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LANNON, JOHN  
Address: 23109 NW 62ND AVE  
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LANNON

PD

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date