


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90001 018 ***158.75

DOCUMENT # P03000148334					
1. Entity Name IMC TILE, INC.					
Principal Place of Business 16335 ENCLAVE VILLAGE DR TAMPA, FL 33647			Mailing Address 16335 ENCLAVE VILLAGE DR TAMPA, FL 33647		
2. Principal Place of Business 11907 SUMMERSPRING DRIVE		3. Mailing Address 11907 SUMMERSPRING DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State RIVERVIEW, FL		City & State RIVERVIEW, FL		4. FEI Number 20-0470201	
Zip 33569		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA CUNHA, ISAC N 16335 ENCLAVE VILLAGE DR TAMPA, FL 33647			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11907 SUMMERSPRING DRIVE City RIVERVIEW FL Zip Code 33569		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA CUNHA, ISAC N 16335 ENCLAVE VILLAGE DR TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11907 SUMMERSPRING DRIVE RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			9-06-2006 (813) 7486911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		