

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90030 024 \*\*\*150.00

**DOCUMENT # P03000149188**

1. Entity Name  
**JOSEPH W ROBERTS, JR. TILE INC.**



Principal Place of Business      Mailing Address  
**2821 PELLICER RD**      **PO BOX 4459**  
**SAINT AUGUSTINE, FL 32092 US**      **SAINT AUGUSTINE, FL 32085 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04022008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**58-2677534**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROBERTS, JOSEPH W JR.**  
**2612 JUAREZ AVENUE**  
**ST. AUGUSTINE, FL, FL 32086**

7. Name and Address of New Registered Agent *New Address*  
 Name **Roberts, Joseph W JR**  
 Street Address (P.O. Box Number is Not Acceptable) **2821 Pellicer Rd**  
 City **St. Augustine FL 32092**      Zip Code **FL**

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.

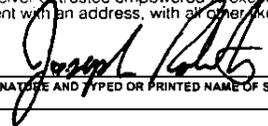
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROBERTS, JOSEPH W JR 2821 PELLICER RD SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, MARK A 2821 PELLICER RD SAINT AUGUSTINE, FL 32092 <input checked="" 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:  DATE: **4/13/08** DAYTIME PHONE: **904 669 2233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR