


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90042 016 \*\*\*150.00

<b>DOCUMENT # P03000149470</b>	
1. Entity Name <b>HAND'S CERAMIC TILE, INC.</b>	

Principal Place of Business <b>8334 FIELD ST PANAMA CITY BCH, FL 32413</b>	Mailing Address <b>8334 FIELD ST PANAMA CITY BCH, FL 32413</b>
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2. Principal Place of Business <b>404 EL CENTRO BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>404 EL CENTRO BLVD</b> Suite, Apt. #, etc.
City & State <b>PANAMA CITY BEACH FL</b> Zip <b>32413</b>	City & State <b>PANAMA CITY BEACH FL</b> Zip <b>32413</b>



07102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0491313</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>HAND, ALLEN K 16912 HERNANDO ST, APT B PANAMA CITY BEACH, FL 32413</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Allen K. Hand* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
Due by September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAND, ALLEN K 16912 HERNANDO ST, APT B PANAMA CITY BEACH, FL 32413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>404 EL CENTRO BLVD Panama City Beach FL 32413</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #