## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 01, 2007 8:00 am Secretary of State DOCUMENT # P03000151419 03-01-2007 90021 032 \*\*\*158.75 KEN ESTEP JR TILE INC. Principal Place of Business Mailing Address 1520 WEST WIND BLVD. KISSIMMEE FL 34746 1520 WEST WIND BLVD. KISSIMMEE FL 34746 2. Principal Place of Business - No P.O. Box # 1580 West Wind B(VD) 3. Mailing Address 1520 West LUMD BLd Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) 4. FEI Number 20-0482425 City & State City & State Applied For 155. MWC Not Applicable Country Country \$8.75 Additional usA 5. Certificate of Status Desired ush 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESTEP, KENNETH W JR. Street Address (P.O. Box Number is Not Acceptable) 1520 WEST WIND BLVD. KISSIMMEE FL 34746 City Zip Code $\mathsf{FL}$ 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. KEWWELL W. ESTEP IC SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESTEP, KENNETH W JR. NAME NAME 1520 WEST WIND BLVD. STRLET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ESTEP, KENNETH W JR. NAME NAME 1520 WEST WIND BLVD. STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-7IP CITY-ST-ZIP HUE ☐ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS city-ci-lin-CITY ST ZIP TITLE ☐ Change THE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP THILE Delete DHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-7(P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Statutos; 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.

**FILED** 

Kenneth W. Estep TA 227607 5864 **SIGNATURE**