


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90407 033 ***150.00

DOCUMENT # P03000152259 1. Entity Name JASON NUMRICH TILE INC.					
Principal Place of Business 3485 W PRICE BL NORTHPORT, FL 34286			Mailing Address 3485 W PRICE BL NORTHPORT, FL 34286		
2. Principal Place of Business 4899 LARAMIE Circle Suite, Apt. #, etc.		3. Mailing Address 4899 LARAMIE Circle Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1689148	
Zip 34286 Country USA		Zip 34286 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUMRICH, PRISCILLA 3485 W PRICE BL NORTHPORT, FL 34286				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4899 LARAMIE Circle City North Port FL Zip Code 34286	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D NUMRICH, JASON <input type="checkbox"/> Delete 3485 W PRICE BL NORTHPORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4899 LARAMIE Circle 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUMRICH, PRISCILLA <input type="checkbox"/> Delete 3485 W PRICE BL NORTHPORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4899 LARAMIE Circle 34286	
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	
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	
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	
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: Priscilla Numrich - VICE PRES			Priscilla Numrich 1-26-06 941-429-6248		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40076092



01262006 Chg-P CR2E034 (11/05)