

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90034 021 ***150.00

DOCUMENT # P03000152998 1. Entity Name FALLIN TILE & MARBLE, INC.					
Principal Place of Business 8075 CASHEW DR. WEBSTER, FL 33597			Mailing Address 8075 CASHEW DR. WEBSTER, FL 33597		
2. Principal Place of Business - No P.O. Box # 7127 Young ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address Same <small>Suite, Apt. #, etc.</small>			
City & State Brooksville 41		City & State Brooksville 41		4. FEI Number APPLIED FOR 20-0544156	
Zip 34601		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALLIN, STEPHEN L 8075 CASHEW DR. WEBSTER, FL 33597				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7127 Young ST City Brooksville FL Zip Code 34601	
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 <i>Steph Fallin</i> 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD FALLIN, STEPHEN L 8075 CASHEW DR. WEBSTER, FL 33597	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALLIN, MICHAEL M 34168 RIDGE MANOR BLVD. DADE CITY, FL 33523	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALLIN, JASON L 8075 CASHEW DR. WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <i>Steph Fallin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/9/07 <small>Date</small>		