


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 014 ***150.00

DOCUMENT # P03000153935 1. Entity Name MIKE'S TILE INC.					
Principal Place of Business 6605 BAY TREE COURT ST. CLOUD, FL 34771			Mailing Address 6605 BAY TREE COURT ST. CLOUD, FL 34771		
2. Principal Place of Business - No P.O. Box # 231 MINNESOTA AVE Suite, Apt. #, etc.		3. Mailing Address 231 MINNESOTA AVE Suite, Apt. #, etc.			
City & State ST. CLOUD, FL Zip 34769 Country USA		City & State ST. CLOUD, FL Zip 34769 Country USA		4. FEI Number 20-0396901	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENCZ, MICHAEL G 6605 BAY TREE COURT ST. CLOUD, FL 34771			7. Name and Address of New Registered Agent Name BENCZ, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 231 MINNESOTA AVE City ST CLOUD FL Zip Code 34769		
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 <u><i>Michael G Bencz</i></u> DATE <u>3/7/2007</u> <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 <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	P BENCZ, MICHAEL G 6605 BAY TREE COURT ST. CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENCZ, MICHAEL G 231 MINNESOTA AVE ST. CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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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: <u><i>Michael G Bencz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/7/2007</u> <u>407-957-8845</u> <small>Date Daytime Phone #</small>		