


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 036 ***150.00

DOCUMENT # P03000154923 1. Entity Name JOE'S TILE PLUS, INC.			
Principal Place of Business 14 UTILITY DRIVE UNIT #5 PALM COAST, FL 32137		Mailing Address 14 UTILITY DRIVE UNIT #5 PALM COAST, FL 32137	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 40 PICKWICK LANE Suite, Apt. #, etc.	
City & State Zip		City & State PALM COAST, FL Zip 32164	
Country USA		4. FEI Number 06-1715017	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KNIGHT, JERRY C 4721 E MOODY BLVD, SUITES 506& 506 BUNNELL, FL 32110		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	PST PACI, JOSEPH JR <input type="checkbox"/> Delete	TITLE	V. P., TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACI, JOSEPH JR	NAME	40 PICKWICK LANE
STREET ADDRESS	40 PICKWICK LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	
TITLE	VP PACI, JOSEPH III <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACI, JOSEPH III	NAME	
STREET ADDRESS	40 PICKWICK LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	PRESIDENT, SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COLLEEN A. PACI
STREET ADDRESS		STREET ADDRESS	40 PICKWICK LANE
CITY-ST-ZIP		CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Joseph Paci, Jr.</u> JOSEPH PACI, JR.		Date: 04-27-07 Daytime Phone #: 386 437-8357	