2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000155701 MULDER TILE, INC.

FILED May 08, 2006 08:00 AM Secretary of State

Principal Place of Business

3026 PINE TREE WINTER HAVEN, FL 33884 Mailing Address 3026 PINE TREE

WINTER HAVEN, FL 33884



 \Box

DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0500194

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MULDER, KELLY G 3026 PINE TREE WINTER HAVEN, FL 33884

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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 Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required whan reinstaling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P MULDER, KELLY G 3026 PINE TREE LAKELAND, FL 33884				U00000562883
TITLE MAME STREET ADDRESS CITY-ST-ZIP	SEC MULDER, KELLY G 3026 PINE TREE WINTER HAVEN, FL 33884				05/19/06-80073-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MULDER, KELLY G 3026 PINE TREE LAKELAND, FL 33884		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGER, JEFF 3026 PINE TREE WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR