2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000156622

1. Entity Name
WALLACE SHEPARD TILE, INC.

Principal Place of Business	Mailing Address
3610 NW 6TH STREET FT LAUDERDALE, FL 33311	3610 NW 6TH STREET FT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-0603775

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, WALLACE
3610 NW 6TH ST
FORT LAUDERDALE, FL 33311

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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: Wallace Shepard Wallace Shepard 04-28-08
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPARD, WALLACE
STREET ADDRESS	3610 NW 6TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	V
NAME	SHEPARD, ANDRE
STREET ADDRESS	3610 NW 6TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80084-023 150.00

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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: Wallace Shepard Wallace Shepard 954 554 2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #