

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90024 007 \*\*\*150.00

**DOCUMENT # P04000000800**

1. Entity Name

MCD TILE, INC.



Principal Place of Business

1255 BELLE AVE  
SUITE 109  
WINTER SPRINGS FL 32708

Mailing Address

1255 BELLE AVE  
SUITE 109  
WINTER SPRINGS FL 32708

2. Principal Place of Business

1055 W. RIVIERA BLVD  
Suite, Apt. #, etc.

3. Mailing Address

1055 W. RIVIERA BLVD  
Suite, Apt. #, etc.

City & State

OLIVEDO, FL 32705  
Zip 32705 Country USA

City & State

OLIVEDO, FL  
Zip 32705 Country USA

4. FEI Number

20-0487200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, CPA, ROBERT  
680 WEST STATE ROAD 434  
WINTER SPRINGS FL 32708

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

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME MCDANIEL, SHAWN W ☒ Delete  
STREET ADDRESS 475 MONTGOMERY PLACE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME PRESIDENT  
MCDANIEL, SHAWN W  
STREET ADDRESS 1055 W. RIVIERA BLVD  
CITY-ST-ZIP OLIVEDO, FL 32705

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

307 340 9477