2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90153 016 ***150.00

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03292006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000001174

1. Entity Name
BRUCE'S CERAMIC TILE INSTALLATION, INC.

Principal Place of Business	Mailing Address
SUN RESORT, LOT #2222 APOPKA VINELAND ROAD CLARCONA, FL 32710	P.O. BOX 1162 PLYMOUTH, FL 32768

2. Principal Place of Business		3. Mailing Address	
Sun Resort Lot 1209		PO Box 1162	
Suite, Apt. #, etc. 3000 Clarcona Rd		Suite, Apt. #, etc.	
City & State Apopka FL		City & State Plymouth FL	
Zip 32703	Country	Zip 32768	Country

4. FEI Number 56-2422591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURCH, BRUCE E SUN RESORT, LOT #2222, APOPKA VINELAND RD. CLARCONA, FL 32710	Name Bruce E Burch Street Address (P.O. Box Number is Not Acceptable) Sun Resort Lot 1209 3000 Clarcona Rd City Apopka **FL** Zip Code 32703

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 Bruce E. Burch 3/31/2006
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D BURCH, BRUCE E P.O. BOX 1162 PLYMOUTH, FL 32768	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Bruce E. Burch 3/31/2006 407 468 8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #