


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90005 013 \*\*\*150.00  
08-20-2007 90056 036 \*\*\*400.00

<b>DOCUMENT # P04000001174</b>			
1. Entity Name <b>BRUCE'S CERAMIC TILE INSTALLATION, INC.</b>			
Principal Place of Business <b>SUN RESORT, LOT #1209 3000 CLARCONA RD APOPKA, FL 32703</b>		Mailing Address <b>P.O. BOX 1162 PLYMOUTH, FL 32768</b>	
2. Principal Place of Business - No P.O. Box # <b>3000 SUN RESORT</b>		3. Mailing Address <b>P.O. BOX 1162</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Apopka Fla</b>		City & State <b>Plymouth Fla</b>	
Zip <b>32703</b>	Country <b>ORANGE</b>	Zip <b>32768</b>	Country <b>ORANGE</b>
4. FEI Number <b>56-2422591</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BURCH, BRUCE E SUN RESORT, LOT #1209 3000 CLARCONA RD APOPKA, FL 32703</b>		7. Name and Address of New Registered Agent <b>BURCH, BRUCE E 3000 Sun Resort Lot 1209 Apopka, FL 32703</b>	
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: <b>BURCH, BRUCE E. Burch Tile Mechanic</b> <b>BURCH, BRUCE E. Burch</b> 8/15/2007 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D BURCH, BRUCE E P.O. BOX 1162 PLYMOUTH, FL 32768</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>BURCH, BRUCE E. Burch</b>		<b>BURCH, BRUCE E. Burch</b> 4/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Phone #	