

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001384

FILED  
May 22, 2006  
Secretary of State

Entity Name: CUSTOM TILE KITCHEN & BATH, INC.

**Current Principal Place of Business:**

12511 LOVERS LN  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

12511 LOVERS LN  
RIVERVIEW, FL 33569

**New Mailing Address:**

PO BOX 700896  
ST CLOUD, FL 34770

FEI Number: 20-0650586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILES, TERRY D  
12511 LOVERS LN  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILES, TERRY D  
Address: 12511 LOVERS LN  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILES, TERRY D  
Address: PO BOX 700896  
City-St-Zip: ST CLOUD, FL 34770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY WILES

D

05/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date