

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001467

Entity Name: H. S. HANCOCK TILE & MARBLE, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

343 WEST CENTRAL AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

963 SHORECREST AVENUE
DELTONA, FL 32725

Current Mailing Address:

343 WEST CENTRAL AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

963 SHORECREST AVENUE
DELTONA, FL 32725

FEI Number: 20-0558201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANCOCK, HAROLD S
343 WEST CENTRAL AVENUE
ORANGE CTY, FL 32763 US

Name and Address of New Registered Agent:

HANCOCK, HAROLD S
963 SHORECREST AVENUE
DELTONA, FL 32725 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: HANCOCK, HAROLD S
Address: 343 WEST CENTRAL AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: S,T () Delete
Name: HANCOCK, HAROLD S
Address: 343 WEST CENTRAL AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: HANCOCK, HAROLD S
Address: 343 WEST CENTRAL AVENUE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: HANCOCK, HAROLD S
Address: 963 SHORECREST AVENUE
City-St-Zip: DELTONA, FL 32725

Title: S,T (X) Change () Addition
Name: HANCOCK, HAROLD S
Address: 963 SHORECREST AVENUE
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change () Addition
Name: HANCOCK, HAROLD S
Address: 963 SHORECREST AVENUE
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify 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: HAROLD S. HANCOCK

P.VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date