

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003535

FILED
Apr 26, 2009
Secretary of State

Entity Name: T & S TILE INSTALLATION COMPANY

Current Principal Place of Business:

645 LINDEN STREET
CLERMONT, FL 34711

New Principal Place of Business:

805 CHESTNUT ST
CLERMONT, FL 34711

Current Mailing Address:

645 LINDEN STREET
CLERMONT, FL 34711

New Mailing Address:

805 CHESTNUT ST
CLERMONT, FL 34711

FEI Number: 20-0584148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, SAMUEL MARK
645 LINDEN STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

THOMPSON, SAMUEL MARK
805 CHESTNUT ST
CLERMONT, FL 34711 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, SAMUEL MARK
Address: 645 LINDEN STREET
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: STEWART, LINDA LAURA
Address: 645 LINDEN STREET
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, SAMUEL MARK
Address: 805 CHESTNUT ST
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: STEWART, LINDA LAURA
Address: 805 CHESTNUT ST
City-St-Zip: CLERMONT, FL 34711

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: SAMUEL M THOMPSON

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date