

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90002 004 ***150.00

DOCUMENT # P04000004799 1. Entity Name BOBBY DEAN TILE, INC.	
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Principal Place of Business 457 S ROSCOE BLVD EXT PONTE VEDRA BEACH, FL 32082	Mailing Address 457 S ROSCOE BLVD EXT PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



06292006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0533478	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEAN, BOBBY
457 S ROSCOE BLVD EXT
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

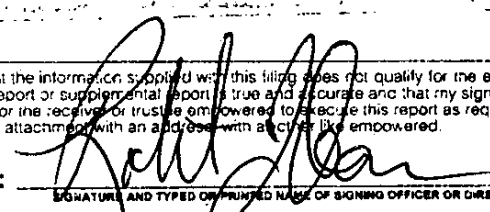
FILE NOW!!! FEE IS \$850.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DEAN, BOBBY 457 S ROSCOE EXT PONTE VEDRA BEACH, FL 32082
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IN THIS SPACE**

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 attached like empowered.

SIGNATURE:  **6/30/06** **904 626-2105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

ATTACHMENT

40097897

6/30/06

#P04000004799

ENCLOSED IS MY ANNUAL FEE OF \$150.00
TOO KEEP MY CORPORATION ACTIVE IN FLORIDA.
I ASK THE STATE TO PLEASE WAIVE THE
LATE FEE OF \$400.00. I AM OBVIOUSLY SORRY
FOR THE DELAY IN PAYING THIS FEE. DUE
TO PERSONAL REASONS, I DID NOT GET THE
RENEWAL NOTICE. I APOLOGIZE FOR THIS
DELAY.

THANK YOU,

BOBBY DEAN