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.

Principal Place of Business	Mailing Address
457 S ROSCOE BLVD EXT PONTE VEDRA BEACH, FL 32082	457 S ROSCOE BLVD EXT PONTE VEDRA BEACH, FL 32082

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE 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 all other 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