

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 036 ***150.00

DOCUMENT # P04000007701

1. Entity Name

NOVELTY TILE & MARBLE, INC.



Principal Place of Business
22060 SPRING MILL CT.
ESTERO FL 33928

Mailing Address
22060 SPRING MILL CT.
ESTERO FL 33928



2. Principal Place of Business - No P.O. Box #

22060 SPRING MILL CT

3. Mailing Address

22060 SPRING MILL CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ESTERO, FL

City & State

ESTERO, FL

4. FEI Number

76-0727398

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

USA

5. Certificate of Status Desired

SE

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAN, JOHN
22060 SPRING MILL CT.
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STAN, JOHN
STREET ADDRESS 22060 SPRING MILL CT.
CITY-STATE-ZIP ESTERO FL 33928

TITLE STD ☐ Delete
NAME STAN, LUCIA
STREET ADDRESS 22060 SPRING MILL CT.
CITY-STATE-ZIP ESTERO FL 33928

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Stan JOHN STAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-07

Date

Daytime Phone

331-222-5120