


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 005 ***150.00

DOCUMENT # P04000008342 1. Entity Name RVD TILE, INC.			
Principal Place of Business 6506 14TH AVE W BRADENTON, FL 34209 US		Mailing Address 6506 14TH AVE W BRADENTON, FL 34209 US	
2. Principal Place of Business - No P.O. Box # 7124 WILLOW ST		3. Mailing Address 7124 WILLOW ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34243		Country U.S.	
Zip 34243		Country U.S.	
6. Name and Address of Current Registered Agent VAN DYKE, RANDY M C/O RVD TILE, INC. 6506 14TH AVE W BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name FULLERTON, MICHAEL H. Street Address (P.O. Box Number is Not Acceptable) 7124 WILLOW ST City SARASOTA FL Zip Code 34243	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div>MICHAEL H. FULLERTON</div> <div>1 / 08</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Signature, typed or printed name of registered agent and title if applicable</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VAN DYKE, RANDY M 6506 14TH AVE W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLERTON, MICHAEL H 7124 WILLOW ST SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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. MICHAEL H. FULLERTON 941-			
SIGNATURE: <i>Michael H. Fullerton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT Date 1/28/08 Daytime Phone # 915-1419	