## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 10, 2008 08:00 A Secretary of State DOCUMENT # P04000011335 1. Entity Name PHAN TILE, INC. Principal Place of Business Mailing Address 5717 PEARL ST. JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Piace of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 56-2423931 Not Applicable Ζip Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHAN, DUNG M Street Address (P.O. Box Number is Not Acceptable) 5717 PEARL ST. JACKSONVILLE FL 32208 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the colligations of registered agent. Signature, typed or crimed name of roginized agent aird the it publicable (NOTE: Registered Agent exporture required when reinshaurigh DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE PHAN, DUNG M NAME NAME STREET ADDRESS 5717 PEARL ST. STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32208 CITY-ST-ZIP TITLE ☐ Derete ☐ Change Addition NAME NAME U00000852569 03/26/08-80033-022 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE De ete THLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Derete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-S1-2IP CITY-ST-ZIP ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

DUNG M. PHAN

3-5-08

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