

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014811

FILED
Jul 17, 2008
Secretary of State

Entity Name: GLASS TILE DESIGN, INC.

Current Principal Place of Business:

11326 LAKELAND CIRCLE
FORT MYERS, FL 33913

New Principal Place of Business:

3581 VERONICA S. SHOEMAKER BLVD.
UNIT A
FORT MYERS, FL 33916

Current Mailing Address:

20881 ANDIRON PLACE
ESTERO, FL 33928

New Mailing Address:

3581 VERONICA S. SHOEMAKER BLVD.
UNIT A
FORT MYERS, FL 33916

FEI Number: 20-0652488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHLEEN, DUDDY
20881 ANDIRON PLACE
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUDDY, KATHLEEN TRES
Address: 20881 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: DUDDY, KATHLEEN PRES
Address: 20881 ANDIRON PLACE
City-St-Zip: FORT MYERS, FL 33928

Title: D () Delete
Name: ARROYO, TERESA SEC
Address: 11326 LAKELAND CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: ARROYO, TERESA VP
Address: 11326 LAKELAND CIRCLE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN DUDDY

PRES

07/17/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date