


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000016813 1. Entity Name DE COFFIN CERAMIC TILE INC	
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Principal Place of Business 6707 90TH STREET EAST BRADENTON, FL 34202 US	Mailing Address 6707 90TH STREET EAST BRADENTON, FL 34202 US
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03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0605183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COFFIN, DAVID E 6707 90TH STREET EAST BRADENTON, FL 34202	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COFFIN, DAVID E 6707 90TH STREET EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFIN, CHARL A 6707 90TH STREET EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFIN, EVA T 10833 PINEWOOD CIR BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COFFIN, NICK 6707 WILLOW LANE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/07/08-80023-001 150.00

**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 persons empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

36-08