

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90005 003 \*\*\*150.00

<b>DOCUMENT # P04000021157</b>						
<b>1. Entity Name</b> JR TILE & STONE, INC.						
<b>Principal Place of Business</b> 114 VOSS CT SEBRING, FL 33876			<b>Mailing Address</b> 114 VOSS CT SEBRING, FL 33876			
<b>2. Principal Place of Business</b> 224 ROADRUNNER AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 224 ROADRUNNER AVE Suite, Apt. #, etc.				
<b>City &amp; State</b> SEBRING, FL		<b>City &amp; State</b> SEBRING, FL		<b>4. FEI Number</b> 20-0715736		
<b>Zip</b> 33872		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> ROBINSON, JASON M 114 VOSS CT SEBRING, FL 33876			<b>7. Name and Address of New Registered Agent</b> Name: JASON M ROBINSON Street Address (P.O. Box Number is Not Acceptable): 224 ROADRUNNER AVE City: SEBRING FL Zip Code: 33872			
<b>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.</b>						
SIGNATURE: <u>X</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>X</u>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PS ROBINSON, JASON M 114 VOSS CT SEBRING, FL 33876		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	224 ROADRUNNER AVE SEBRING, FL 33872	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP TUCKER, ERNEST T JR 114 VOSS CT SEBRING, FL 33876		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	114 VOSS CT SEBRING, FL 33876	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP SIDEBOTTOM, JOSEPH 101 VOSS CT SEBRING, FL 33876		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	114 VOSS CT SEBRING, FL 33876	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 	
<b>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.</b>						
<b>SIGNATURE: X</b> <u>JASON M. ROBINSON</u> <b>8603- X2-3-06 X 381-9453</b>						