2007 FOR PROFIT CORPORATION

May 17, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P04000026029 1. Entity Name 05-17-2007 90034 029 ***150.00 TIM JARVIS TILE AND MARBLE INC. Principal Place of Business Mailing Address 2710 MANASOTA BEACH RD 2710 MANASOTA BEACH RD SARASOTA FL 34223 SARASOTA FL 34223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 84-1637462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARVIS, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 2710 MANASOTA BEACH RD SARASOTA FL 34223 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 Add "P" (for President) Delete TITLE Addition Change JARVIS, TIMOTHY NAME NAME 2710 MANASOTA BEACH RD STREET ADDRESS STREET ADDRESS SARASOTA FL 34223 CITY - ST - 7IP CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CHY-ST-70 THIE ☐ Delete TATE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP

12. I hereby certify that the information supplied with this filing 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 attachmen dress, with all other like empowered,

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