

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000026233					
1. Entity Name DAN'S TILE & MARBLE, INC					
Principal Place of Business 1803 E. EASY STREET FORT PIERCE, FL 34982			Mailing Address 1803 E. EASY STREET FORT PIERCE, FL 34982		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08242006 Chg-P CR2E034 (11/05) 06	
4. FEI Number 26-0062534				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABATASO, CYNTHIA 6381 SE PHILLIP BEND AVE. STUART, FL 34997			7. Name and Address of New Registered Agent Name: <u>Danny L. Ouellette</u> Street Address (P.O. Box Number is Not Acceptable) <u>1803 S. Easy Street</u> City: <u>Fort Pierce</u> FL Zip Code: <u>34982</u>		
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: <u>[Signature]</u> DATE: <u>8/24/06</u> Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OUELLETTE, DANNY L 1803 E. EASY STREET FORT PIERCE, FL 34982	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100081579591 11/07/06--01023--003 **\$558.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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. SIGNATURE: <u>[Signature]</u> DATE: <u>8/24/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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