

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90135 021 \*\*\*150.00

**DOCUMENT # P04000030262**

1. Entity Name  
**IMMACULATE TILE AND STONE, INC.**



Principal Place of Business  
**128 LAKEVIEW DRIVE  
SUITE B  
NOKOMIS, FL 34275 US**

Mailing Address  
**525 BARCELONA AVE. #105  
VENICE, FL 34285**



2. Principal Place of Business  
**745 MYRTLE AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-P CR2E034 (11/05)

City & State  
**Venice FL**

City & State

4. FEI Number  
**16-1692701**

Applied For  
Not Applicable

Zip  
**34285** Country  
**USA**

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, CHARLES  
128 LAKEVIEW DRIVE  
SUITE B  
NOKOMIS, FL 34275**

Name  
**N/A**  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 **PD** ☐ Delete  
NAME **MORGAN, CHARLES**  
STREET ADDRESS **128 LAKEVIEW DRIVE SUITE B**  
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **PD** ☐ Change ☐ Addition  
NAME **MORGAN, Charles**  
STREET ADDRESS **745 MYRTLE AVE**  
CITY-ST-ZIP **Venice FL 34285**

TITLE **SD** ☐ Delete  
NAME **JONES, JUSTIN**  
STREET ADDRESS **148 LA GORCE**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-06 941-486-1277