2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000031650

1. Entity Name
TITAN WALLS, INC.

Principal Place of Business	Mailing Address
3753 HONEYDEW LANE NEW SMYRNA BEACH, FL 32168--882	3753 HONEYDEW LANE NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0754549
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMAZIN, MICHAEL
3753 HONEYDEW LANE
NEW SMYRNA BEACH, FL 32168

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOMIZAN, MICHALE
STREET ADDRESS	3753 HONEYDEW LANE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	SD
NAME	TOMAZIN, WILLIAM P
STREET ADDRESS	191 S CUCUMBER LANE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	V
NAME	JONES, BEN P
STREET ADDRESS	6016 TRAVIS RD
CITY-ST-ZIP	SCOTTSMOOR, FL 32775
TITLE	T
NAME	BERRERA, RUBEN
STREET ADDRESS	P O BOX 114
CITY-ST-ZIP	SCOTTSMOOR, FL 32775
TITLE	V
NAME	TRASK, ROBERT
STREET ADDRESS	285 POWERLINE RD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000440543
03/02/06-80045-008 150.00

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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: _____ Michael Tomazin 2/16/06 386-566-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #