

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90037 009 ***150.00

DOCUMENT # P04000034746 1. Entity Name ABSOLUT TILE INC.					
297 BELINDA DR DELAND, FL 32720 US				297 BELINDA DR DELAND, FL 32720 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 16-1682550 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				06292007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GRIFFITH, JOE 297 BELINDA DR DELAND, FL 32720			7. Name and Address of New Registered Agent Name 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, 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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITH, JOSEPH A 8934 NARCISSUS DRIVE LARGO, FL 33777 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Griffith, Joseph A.</i> <i>297 Belinda Dr.</i> <i>Deland, FL 32720</i> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, DEBRA A 8934 NARCISSUS DRIVE LARGO, FL 33777 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. <i>Davis Debra A.</i> <i>297 Belinda Dr.</i> <i>Deland, Florida 32720</i> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>6-29-07</i> Daytime Phone # <i>386-822-4226</i>		

ATTACHMENT
40122442

297 Belinda Drive
Deland, FL 32720
727 458 4156 cell
386 822 4226 fax
JGriffith10@cfl.rr.com

Absolut Tile Inc

To Whom It May Concern:

Absolut Tile Inc. Has changes on annual report. Changes has been made and copy is inclosed along with a check for 150.00.

I also have a question about our tax id# on annual report

Document# P04000034746 you are showing Tax ID # as 16-1682550

On my Corporation papers with the same Ducument #P04000034746 shows us with a different Tax ID # 16-1692550.

Could you please contact office with correct information for my records.

Or contact me to fix this because I need to make sure taxes are being processed correctly.

Thank you,

Debra Davis
Vice-President
06-29-2007

Contact number : 386-822-4226 office
407-948-9682 cell

www.absolut-tile.com

Quality, Value, and Service

ATTACHMENT

State of Florida

40122442



Department of State

I certify from the records of this office that ABSOLUT TILE INC. is a corporation organized under the laws of the State of Florida, filed on February 20, 2004.

The document number of this corporation is P04000034746.

I further certify that said corporation has paid all fees due this office through December 31, 2004, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 104A00012191-022304-P04000034746-1/1, noted below.

Authentication Code: 104A00012191-022304-P04000034746-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-third day of February, 2004



Glenda E. Hood
Glenda E. Hood
Secretary of State

02/24/2004 15:52 FAX

02/17/2004 12:21

8133936628

ATTACHMENT

JOE GRIFFITH

40122442

02/00/0001

Form **SS-4**

(Rev. December 30, 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

> See separate instructions for each line. > Keep a copy for your records.

EIN **16-1692550**

OMB No. 1545-0043

1 Legal name of entity (or individual) for whom the EIN is being requested Atlantic T&E Inc		
2 Trade name of business (if different from name on line 1)		3 Elector, Trustee, "care of" name
4a Mailing address (street, apt., suite no. and street, or P.O. box) 5504 Hawthorne Ave		4b Street address (if different) (Do not enter a P.O. box.)
4c City, state, and ZIP code Largo, FL 33777		4d City, state, and ZIP code
5 County and state where principal business is located Pinellas County Florida		
7a Name of principal officer, general partner, grantor, owner, or trustee Joseph A Griffith		7b SSN, ITIN, or EIN SSN 16-1692550
8a Type of entity (check only one box)		
☐ Sole proprietor (SSN) ☐ Partnership ☒ Corporation (enter firm number to be filed) > ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) > ☐ Other (specify) >		
☐ Estate (EIN of decedent) ☐ Plan administrator (SSN) ☐ Trust (EIN of grantor) ☐ National Guard ☐ State/local government ☐ Federal government/military ☐ Farmers' cooperative ☐ Indian tribal government/enterprise ☐ Group Exemption Number (GEN) >		
9b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country
10 Business for applying (check only one box)		
☐ Started new business (specify type) > NEW CORP ☐ Hired employees (Check this box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) >		
☐ Starting purpose (specify purpose) > ☐ Changed type of organization (specify new type) > ☐ Purchased going business ☐ Created a trust (specify type) > ☐ Created a pension plan (specify type) >		
11 Date business started or acquired (month, day, year) Feb 28, 2004		11 Closing month of accounting year December
12 First date wages or benefits were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) > 3-07-2004		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0".		
☐ Agricultural ☐ Household ☐ Other		
14 Check one box that best describes the principal activity of your business.		
☒ Construction ☐ Retail & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food services ☐ Wholesale-retail ☐ Retail ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)		
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. TELE CONSTRUCTION		
16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No		
16b If you checked "Yes" on line 16a, please complete lines 16b and 16c.		
16c If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name > Joe Griffith Trade name > Joe Griffith		
16d Approximate date when filed (month, day, year) 10-6-03		
City and state where filed Largo, FL		
Previous EIN 27-0000000		
17a Complete this section only if you want to authorize the named individual to obtain the entity's EIN and answer questions about the completion of this form.		
17b Designee's name		
17c Designee's telephone number (include area code)		
17d Designee's fax number (include area code)		
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