

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

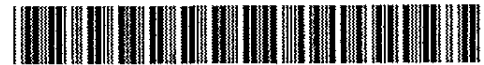
DOCUMENT # P04000039685

**1. Entity Name
SIGNATURE MARBLE & TILE, INC.**



**Principal Place of Business
4333 SILVER STAR ROAD
SUITE 120
ORLANDO, FL 32808**

**Mailing Address
835 HAMMOCKS DRIVE
OCOE, FL 34761**



01092007 No Chg-P CR2E034 (11/05)

**4. FEI Number
20-0813306**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'CONNOR, JACQUELINE
835 HAMMOCKS DRIVE
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
O'CONNOR, JACQUELINE
835 HAMMOCKS DRIVE
OCOE, FL 34761**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SAADE, HANNA
835 HAMMOCKS DRIVE
OCOE, FL 34761**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIR
O'CONNOR, JOHN P
966 29TH STREET
VERO BEACH, FL 32960**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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01/12/07-80015-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jacqueline O'Connor, President JACQUELINE O'CONNOR, PRESIDENT 1/9/07 407-299-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #