2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90044 008 ***158.75

DOCUMENT # P04000045574

1. Entity Name
BRIAN CHAPASKO QUALITY TILE INC

Principal Place of Business	Mailing Address
13940 13TH ST DADE CITY FL 33525 US	13940 13TH ST DADE CITY FL 33525 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13940 13th ST.		13940 13th ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dade FL		City & State: Dade FL	
Zip: 33525	Country: America	Zip: 33525	Country: America

4. FEI Number 20-0842311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDY'S TAX SERVICE
36951 SR 54 WEST
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name: NONE
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
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PRES CHAPASKO, BRIAN A 13940 13TH ST DADE CITY FL 33525	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brian Chapasko BRIAN CHAPASKO 1-22-08 352 567-6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #