


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90194 002 \*\*\*150.00

<b>DOCUMENT # P04000049480</b>					
<b>1. Entity Name</b> ROMAN TILE AND MARBLE INSTALLATION, INC.					
<b>Principal Place of Business</b> 4968 YACHT HARBOR CIRCLE PENSACOLA, FL 32514			<b>Mailing Address</b> 4968 YACHT HARBOR CIRCLE PENSACOLA, FL 32514		
<b>2. Principal Place of Business</b> 4968 YACHT HARBOR CIR		<b>3. Mailing Address</b> 4968 YACHT HARBOR CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PENSACOLA, FL 32514		<b>City &amp; State</b> PENSACOLA, FL 32514		<b>4. FEI Number</b> 65-1220190	
Zip		Country		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROMUALD ROGOWICZ 4968 YACHT HARBOR CIRCLE PENSACOLA, FL 32514			<b>7. Name and Address of New Registered Agent</b> ROMUALD ROGOWICZ 4968 YACHT HARBOR CIRCLE PENSACOLA, FL 32514		
<b>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.</b> SIGNATURE: <u>Romuald Rogowicz</u> DATE: <u>April 29 2006</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGOWICZ, ROMUALD 4967 YACHT HARBOR CIRCLE PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMUALD ROGOWICZ 4968 YACHT HARBOR CIRCLE PENSACOLA, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE: ROMUALD ROGOWICZ</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>April 29 2006</u> Daytime Phone #		

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