2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000050806

1. Entity Name
XTREME TILE BY TODD, INC.

Principal Place of Business	Mailing Address
261 NE CATTAIL DR MADISON, FL 32340	261 NE CATTAIL DR MADISON, FL 32340

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1201642
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITAKER, TODD M
261 NE CATTAIL DR
MADISON, FL 32340

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	WHITAKER, SABRINA
STREET ADDRESS	261 NE CATTAIL DR
CITY-ST-ZIP	MADISON, FL 32340
TITLE	VST
NAME	WHITAKER, TODD M
STREET ADDRESS	261 NE CATTAIL DR
CITY-ST-ZIP	MADISON, FL 32340
TITLE	V
NAME	WHITAKER, KYLE
STREET ADDRESS	261 NE CATTAIL DR
CITY-ST-ZIP	MADISON, FL 32340
TITLE	V
NAME	WHITAKER, JACOB
STREET ADDRESS	261 NE CATTAIL DR
CITY-ST-ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sabrina Whitaker 1/17/06 850 973 2749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #