



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000050806	
1. Entity Name XTREME TILE BY TODD, INC.	

Principal Place of Business 261 NE CATTAIL DR MADISON, FL 32340	Mailing Address 261 NE CATTAIL DR MADISON, FL 32340
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DO NOT WRITE IN THIS SPACE

	
04222008 No Chg-P	CR2E034 (11/05)
4. FEI Number 57-1201642	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITAKER, TODD M 261 NE CATTAIL DR MADISON, FL 32340	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000917238 05/13/08-80033-008 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, SABRINA 261 NE CATTAIL DR MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WHITAKER, TODD M 261 NE CATTAIL DR MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITAKER, KYLE 261 NE CATTAIL DR MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITAKER, JACOB 261 NE CATTAIL DR MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Sabrina Whitaker Sabrina Whitaker April 22, 2008 850 973 2749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #