

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90364 010 ***150.00

DOCUMENT # P04000054568

1. Entity Name
KC'S TILE SERVICE, INC.



Principal Place of Business
**3886 E MAIN ST
WAUCHULA, FL 33873**

Mailing Address
**3886 E MAIN ST
WAUCHULA, FL 33873**

2. Principal Place of Business

3. Mailing Address

PO BOX 483

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04132006

Chg-P

CR2E034 (11/05)

City & State

City & State
WAUCHULA

4. FEI Number
20-0891557

Applied For
Not Applicable

Zip

Country

Zip

33873

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINN, MASON L.
3886 E MAIN ST
WAUCHULA, FL 33873**

Name

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, 2006 Fee will be \$550.00**

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
**P
QUINN, MASON LAVERN
3886 E MAIN ST
WAUCHULA, FL 33873** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
JOSE R. ZAMBRANA
4021 THOMPSON AVE
SEBRING FL 33875** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
QUINN, BARBARA J
3886 E MAIN ST
ZOLFO SPRINGS, FL 33890** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
JAMES ERIC QUINN
2794 W. HASBROUCK RD.
AVON PARK, FL 33825** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Mason L. Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 (863) 245-1006
Date Daytime Phone #