

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90247 008 ***150.00

DOCUMENT # P04000056175

1. Entity Name

BOB'S CUSTOM TILE & MARBLE INC.



Principal Place of Business

620 SECOND AVENUE
LADY LAKE FL 32159
US

Mailing Address

620 SECOND AVENUE
LADY LAKE FL 32159
US



2. Principal Place of Business - No P.O. Box #

620 Second Ave
Suite, Apt. #, etc.

3. Mailing Address

620 Second Ave
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lady Lake, FL
Zip 32159 Country U.S.

City & State

Lady Lake, FL
Zip 32159 Country U.S.

4. FEI Number 42-1626619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, ROBERT E
620 SECOND AVENUE
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

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 resigning.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHIRLEY, ROBERT E	
STREET ADDRESS	620 SECOND AVENUE	
CITY - ST - ZIP	LADY LAKE FL 32159	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIRLEY, RYAN	
STREET ADDRESS	620 SECOND AVENUE	
CITY - ST - ZIP	LADY LAKE FL 32159	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIRLEY, JASON	
STREET ADDRESS	620 SECOND AVENUE	
CITY - ST - ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April 07 (352) 636-9355

Date

Daytime Phone #