


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P04000060460		
1. Entity Name TILE BY ED HARLESS, INC.		
Principal Place of Business 23257 MCBURNEY AVENUE PORT CHARLOTTE, FL 33980		Mailing Address 23257 MCBURNEY AVENUE PORT CHARLOTTE, FL 33980
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARLESS, DORCEY E 23257 MCBURNEY AVENUE PORT CHARLOTTE, FL 33980		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 <u>E. Harless</u> <u>Dorcey E. Harless</u> <u>Pres.</u> <u>3-14-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	HARLESS, DORCEY E	
STREET ADDRESS	23257 MCBURNEY AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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: <u>E. Harless</u> <u>Dorcey E Harless</u> <u>Pres</u> <u>3-14-2007</u> <u>239 470 8767</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1644508	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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03/27/07-80063-010 150.00