


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90823 046 ***150.00

DOCUMENT # P04000069944 1. Entity Name I.R.O.C. TILE INSTALLATIONS, INC.			
Principal Place of Business 1600 OAK TERRACE LAKE PLACID, FL 33852 US		Mailing Address 1600 OAK TERRACE LAKE PLACID, FL 33852 US	
2. Principal Place of Business - No P.O. Box # <u>1608 NOBLE FIR ST</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>LAKE PLACID F</u>		City & State	
Zip <u>33852</u>	Country <u>HIGHLANDS</u>	Zip	Country
4. FEI Number 38-3702122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSEN, CARL G 1600 OAK TERRACE LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name <u>HANSEN, CARL G</u> Street Address (P.O. Box Not Acceptable) <u>1608 NOBLE FIR ST</u> <u>LAKE PLACID FL 33852</u> City <u>FL</u> 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 <u>Carl G Hansen</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>4/25/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, CARL G 1600 OAK TERRACE LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, CARL G 1608 NOBLE FIR ST LAKE PLACID FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, BEVERLY 1600 OAK TERRACE LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, BEVERLY 1608 NOBLE FIR ST LAKE PLACID FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Beverly Hansen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/25/07</u> <small>Date Daytime Phone #</small>	

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