

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070691

Entity Name: BTW TILE INC

FILED  
May 25, 2007  
Secretary of State

## Current Principal Place of Business:

4650 SUGARTOWN ST.  
PT. ST. JOHN, FL 32927

## New Principal Place of Business:

## Current Mailing Address:

4650 SUGARTOWN ST.  
PT. ST. JOHN, FL 32927

## New Mailing Address:

FEI Number: 20-1123552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEAD, CHARLES B  
4650 SUGARTOWN ST.  
PT. ST. JOHN, FL 32927 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MEAD, CHARLES B  
Address: 4650 SUGARTOWN ST.  
City-St-Zip: PT. ST. JOHN, FL 32927

Title: S ( ) Delete  
Name: THOMAS, ROBERT M  
Address: 716 FAIRWAY DR.  
City-St-Zip: MELBOURNE, FL 32940 US

Title: S (X) Delete  
Name: THOMPSON, JAMES  
Address: 2036 MOBIAND DR.  
City-St-Zip: MELBOURNE, FL 32935 US

Title: S ( ) Delete  
Name: BIJANZADEH, BARBARA J  
Address: 4650 SUGARTOWN ST.  
City-St-Zip: PT. ST. JOHN, FL 32927 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DOUCETTE, JOSEPH M  
Address: 2515 SHADY OAKS DR.  
City-St-Zip: TITUSVILLE, FL US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B. MEAD

DPT

05/25/2007

Electronic Signature of Signing Officer or Director

Date