

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90092 012 ***150.00

DOCUMENT # P04000072822					
1. Entity Name HAMMERBERG TILE SERVICE, INC.					
Principal Place of Business 135 LAKEVIEW DR. MULBERRY, FL 33860 US			Mailing Address 135 LAKEVIEW DR. MULBERRY, FL 33860 US		
2. Principal Place of Business 905 W. Pearl Street Suite, Apt. #, etc.		3. Mailing Address 905 W. Pearl Street Suite, Apt. #, etc.			
City & State Bartow, Florida Zip 33830 Country USA		City & State Bartow, Florida Zip 33830 Country USA		02152006 Chg-P CR2E034 (11/05)	
4. FEI Number 55-0865750				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 HAMMERBERG, JOSEPH 135 LAKEVIEW DR. MULBERRY, FL 33860			7. Name and Address of New Registered Agent Name: Joseph Hammerberg Street Address (P.O. Box Number is Not Acceptable): 905 W Pearl Street City: Bartow FL Zip Code: 33830		
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>[Signature]</u> DATE: <u>2/15/06</u> <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: HAMMERBERG, JOSEPH D STREET ADDRESS: 315 KERNEYWOOD STREET CITY-ST-ZIP: LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE: P NAME: HAMMERBERG, JOSEPH D STREET ADDRESS: 905 W PEARL STREET CITY-ST-ZIP: BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: HAMMERBERG, SHARON L STREET ADDRESS: 315 KERNEYWOOD STREET CITY-ST-ZIP: LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE: VP NAME: HAMMERBERG, SHARON L STREET ADDRESS: 905 W PEARL STREET CITY-ST-ZIP: BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/15/06</u> Daytime Phone #: <u>863-205-1363</u>		