2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment w

SIGNATURE:

Apr 04, 2007 08:00 A Secretary of State DOCUMENT # P04000086905 R.A. JARBOE CERAMIC TILE, INC. Principal Place of Business Mailing Address 11009 SW 71ST CIRCLE 11009 SW 71ST CIRCLE OCALA, FL 34476 US OCALA, FL 34476 02162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1206767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMMETT, JOHN R DO NOT WRITE 5353 SW COLLEGE ROAD OCALA, FL 34474 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. Signature, typed or onnied name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000690**05**5 411707-80059-10. OFFICERS AND DIRECTORS TITLE JARBOE, RICHARD A NAME STREET ADDRESS 11009 SW 71ST CIRCLE CITY-ST-ZIP OCALA, FL 34476 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

all otber∄ke empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED