

FILED
Jan 31, 2007 8:00 am
Secretary of State

400000

DOCUMENT # P04000088159 1. Entity Name ROBERSON TILE, INC.		01-31-2007 90031 050 ***150.00																																																																																	
Principal Place of Business 5911 NE 35TH STREET SILVER SPRINGS, FL 34488		Mailing Address 5911 NE 35TH STREET SILVER SPRINGS, FL 34488																																																																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																	
6. Name and Address of Current Registered Agent ROBERSON, TIMOTHY 5911 NE 35TH STREET SILVER SPRINGS, FL 34488		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																			
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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 70%;">NAME</td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>STREET ADDRESS</td><td>ROBERSON, TIMOTHY</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>5911 NE 35TH STREET SILVER SPRINGS, FL 34488</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>STREET ADDRESS</td><td>D ROBERSON, TERRY W</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>5911 NE 35TH STREET SILVER SPRINGS, FL 344882005</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	ROBERSON, TIMOTHY		CITY - ST - ZIP	5911 NE 35TH STREET SILVER SPRINGS, FL 34488		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	D ROBERSON, TERRY W		CITY - ST - ZIP	5911 NE 35TH STREET SILVER SPRINGS, FL 344882005		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 70%;">NAME</td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
STREET ADDRESS	ROBERSON, TIMOTHY																																																																																		
CITY - ST - ZIP	5911 NE 35TH STREET SILVER SPRINGS, FL 34488																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
STREET ADDRESS	D ROBERSON, TERRY W																																																																																		
CITY - ST - ZIP	5911 NE 35TH STREET SILVER SPRINGS, FL 344882005																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
STREET ADDRESS																																																																																			
CITY - ST - ZIP																																																																																			
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
STREET ADDRESS																																																																																			
CITY - ST - ZIP																																																																																			
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
STREET ADDRESS																																																																																			
CITY - ST - ZIP																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
STREET ADDRESS																																																																																			
CITY - ST - ZIP																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
STREET ADDRESS																																																																																			
CITY - ST - ZIP																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
STREET ADDRESS																																																																																			
CITY - ST - ZIP																																																																																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
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>Tim Roberson</u> <u>Tim Roberson Pres. 1-30-07 352-208-1874</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																			