

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000093254

1. Entity Name

T.A.K. TILE INSTALLATION INC.



Principal Place of Business
3866 SILVERPOINT LANE
JACKSONVILLE FL 32216

Mailing Address
3866 SILVERPOINT LANE
JACKSONVILLE FL 32216



2. Principal Place of Business - No P.O. Box #

3866 SILVERPOINT Ln

Suite, Apt. #, etc.

3. Mailing Address

3866 SILVERPOINT Ln

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JAX FLORIDA

City & State

JAX FL

4. FEI Number

20-1289902

Applied For

Not Applicable

Zip

32216

Country

FLORIDA

Zip

32216

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUONG, THANH T
3866 SILVERPOINT LANE
JACKSONVILLE FL 32216

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

(Signature)

THANH TAN TRUONG

FEB 22 / 07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TRUONG, THANH T
STREET ADDRESS 3866 SILVERPOINT LANE
CITY-STATE-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE V
NAME NGUYEN, JIMMY
STREET ADDRESS 3866 SILVERPOINT LANE
CITY-STATE-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
U000000653454
03/13/07-80022-018 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THANH TAN TRUONG

2/27/07

(904) 610-2846

Date Daytime Phone #