

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000100295

1. Entity Name  
PHIL'S TILE, INC.



**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2839 NORTHWOOD CIR  
SARASOTA, FL 34234

Mailing Address  
2839 NORTHWOOD CIR  
SARASOTA, FL 34234



**DO NOT WRITE IN THIS SPACE**

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
90-0186578  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOLDSMITH, STANLEY A  
1605 MAIN STREET SUITE 1001  
SARASOTA, FL 34236

**DO NOT WRITE  
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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SEGARS, PHILLIP E  
STREET ADDRESS 2839 NORTHWOOD CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000000928071  
05/21/08-80013-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

4/14/08 941 350-0146  
Date Daytime Phone #