## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P04000114832  1. Entity Name F & J TILE, INC.					40033		0135 049 ***15	0.00
Data da al Diago		NA-W- Add			30000	110		
Principal Place of Business 926 CHARLOTTE AVE. SARASOTA, FL 34237		Mailing Address P.O. BOX 19319 SARASOTA, FL 34276		i d	• -	٠		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132008	Chg-P	CR2E034 (12/06	)
City & State		City & State			4. FEI Numbe		1	Applied For
Zip	Country	Zip	Zip Country		20-1457 5. Certificate	572 of Status Desired	□ \$8.75 A	
		1		1			Fee Requir	red
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
TRACY, CATHERINE L 2058 CONSTITUTION BLVD. SARASOTA, FL 34231				Street Address (P.O. Box Number is Not Acceptable)				
3AIA301	A, FL 34231							
				City			FL Zip Co	de
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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be		_	
					100/7/01/0		OFFICE AND DIDECTO	00.151.44
10.	OFFICERS AND	<u> </u>	11.	<del></del>	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	
TITLE Name	WAKEFIELD, FRANK	☐ Delete	TITU Nam	·			☐ Change	☐ Addition
STREET ADDRESS	926 CHARLOTTE AVE			EET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34237			-ST-ZIP				
TITLE	VP	X Delete	TITL	F	•		☐ Change	☐ Addition
NAME	HARRISON, JON	<b>A</b> 00.00	NAM	· I				
STREET ADDRESS	2030 HARLEY AVE.		STRE	EET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34235		CITY	-ST-ZIP				
TITLE		☐ Deiete	ŤITL	E			Change	☐ Addition
NAME			NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		Delete	TITL				☐ Change	☐ Addition
name Street address				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME			NAM				<del>-</del> •	
STREET ADDRESS			STRI	EET ADDRESS				
CITY-ST-ZIP			СПҮ	-ST-ZIP			<u> </u>	
TITLE		☐ Delete	TITL	E			Change	☐ Addition
NAME			NAW	1				
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP				/-ST-ZIP		D. M. S	F	Inda and all a
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address	is true and accurate and that so powered to execute this report	my signa : as requ	iture shall have the	same ledal effec	t as if made under c	ath: that I am an offici	er or director

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_