


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # P04000121031		
1. Entity Name ABSOLUT TILE & MARBLE INC		
Principal Place of Business 1418 S. LARKWOOD SQUARE FORT MYERS, FL 33919 US	Mailing Address 1418 S. LARKWOOD SQUARE FORT MYERS, FL 33919 US	



05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1518791	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOCKET, JEFFREY
1418 S. LARKWOOD SQUARE
FORT MYERS, FL 33919**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOCKET, NICOLE 1418 S. LARKWOOD SQUARE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T TOCKET, JEFFREY 1418 S. LARKWOOD SQUARE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTRELLA, JOCELY 1413 NE 15TH TERRACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S ESTRELLA, JOSE 1413 NE 15TH TERRACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMANO, DAWANA 13839 LILY PAD CIRCLE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000764880
05/31/07-80015-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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

5/7/07 **239-482-1555**
Date Daytime Phone #