## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000121031

Entity Name: ABSOLUT TILE & MARBLE INC

13839 LILY PAD CIRCLE

FORT MYERS, FL 33907 US

Address: City-St-Zip: FILED Jun 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11220 METRO PARKWAY 8668 COLONY TRACE DRIVE FORT MYERS, FL 33908 SUITE #10 FORT MYERS, FL 33960 US **New Mailing Address: Current Mailing Address:** 11220 METRO PARKWAY 8668 COLONY TRACE DRIVE SUITE # 10 FORT MYERS, FL 33908 FORT MYERS, FL 33960 US FEI Number: 20-1518791 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOCKET, JEFFREY 8668 COLONY TRACE DRIVE FORT MYERS, FL 33908 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TOCKET, NICOLE Name: Name: 8668 COLONY TRACE DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: ( ) Delete Title: VP,T Title: () Change () Addition Name: TOCKET, JEFFREY Name: 8668 COLONY TRACE DRIVE Address: Address: FORT MYERS, FL 33908 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LOMANO, DAWANA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEFFREY E TOCKET VP 06/17/2009