

FILED
May 10, 2007 8:00 am
Secretary of State

04-23-2007 90094 028 ****61.25
05-10-2007 90023 004 ****88.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000123439			
1. Entity Name ADVANCED TILE INSTALLATIONS OF JACKSONVILLE, INC.			
Principal Place of Business 548 SAM CHASE PLACE ORANGE PARK, FL 32073		Mailing Address 548 SAM CHASE PLACE ORANGE PARK, FL 32073	
2. Principal Place of Business - No P.O. Box # 1559 GRADUATION LN		3. Mailing Address 1559 GRADUATION LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIDDLEBURG, FL		City & State MIDDLEBURG, FL	
Zip 32068		Zip 32068	
Country		Country	
6. Name and Address of Current Registered Agent MILAN, JR., GERALD 548 SAM CHASE PLACE ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name GERALD MILAN Street Address (P.O. Box Number is Not Acceptable) 1559 GRADUATION LN City MIDDLEBURG FL Zip Code 32068	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVP MILAN, JR., GERALD 548 SAM CHASE PLACE ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MILAN, JR., GERALD 1559 GRADUATION LN MIDDLEBURG, FL 32068 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MILAN, JR., GERALD 548 SAM CHASE PLACE ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MILAN, JR., GERALD 1559 GRADUATION LN MIDDLEBURG, FL 32068 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Date Daytime Phone #			

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