2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000124258 1. Entity Name HARRY SYKES TILE & STONE, INC. Principal Place of Business 830 RIVER COVE AVENUE 0RLANDO, FL 32825-8107 US Mailing Address 830 RIVER COVE AVENUE 0RLANDO, FL 32825-8107 US DO NOT WRITE IN THIS SPACE

FILED Apr 04, 2007 08:00 All Secretary of State

Daytime Phone #



03222007	No Chg-P	CR2E034 (1	CR2E034 (11/05)	
4. FEI Number			Applied For	

4. FEI Number 20-1556560 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SYKES, HAROLD J 830 RIVER COVE AVENUE ORLANDO, FL 32825-8107

SIGNATURE:

DO NOT WRITE IN THIS SPACE

					0.7.02	•
8. The above the obligat	named entity submits this statement for the plants of registered agent.	purpose of changing its register	ed office or reg	gistered agent, or bo	th, in the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE Registere	ed Agent signature re	quired when reinstating)	DATE	
		Election Campaign Finar Trust Fund Contribution.				
10.	OFFICERS AND DIRE	CTORS	ő		*	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYKES, HAROLD J 830 RIVER COVE AVENUE ORLANDO, FL 328258107			, i	U0000069044; 04/11/07-80077	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYKES, HAROLD J 830 RIVER COVE AVENUE ORLANDO, FL 328258107				90000069044; 94/11/07-80077	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYKES, DONNA M 830 RIVER COVE AVENUE ORLANDO, FL 328258107		-4.1	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SYKES, DONNA M 830 RIVER COVE AVENUE ORLANDO, FL 328258107		IN THIS SPACE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged.	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowers or on a attachment with an address with a	iting does not qualify for the exe and accurate and that my signat d to execute this report as requi Il other like empowered.	emptions conta ture shall have red by Chapte	ained in Chapter 119 the same legal effect r 607, Florida Statute	, Florida Statutes. I further cert t as if made under oath; that I a s; and that my name appears in	ify that the information am an officer or director n Block 10 or Block 11 if

NTED NAME OF BIGNING OFFICER OR DIRECTOR