


**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90031 040 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

3

<b>DOCUMENT # P04000138218</b> 1. Entity Name <b>HABING TILE, INC.</b>			
Principal Place of Business <b>2855 KRAFT ROAD          DELTONA, FL 32738</b>		Mailing Address <b>2855 KRAFT ROAD          DELTONA, FL 32738</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>5. Name and Address of Current Registered Agent</b>  <b>HABINGREITHER, ERIC          2855 KRAFT ROAD          DELTONA, FL 32738</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be          Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D <b>ERIC, HABINGREITHER</b> <b>2855 KRAFT ROAD</b> <b>DELTONA, FL 32738</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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.</b>			
<b>SIGNATURE:</b> <i>Eric R. Habingreither</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/14/05 <small>Date</small>	386-490-3387 <small>Daytime Phone</small>

66013187



02252005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1727742** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required