

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 034 ***150.00

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1. Entity Name
PETER SANKEY CERAMIC TILES INC



Mr. Peter Sankey
11749 Oswalt Rd.
Clermont, FL 34711



Mr. Peter Sankey
11749 Oswalt Rd.
Clermont, FL 34711



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1741861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent



Mr. Peter Sankey
11749 Oswalt Rd.
Clermont, FL 34711

**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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANKEY, PETER L 1215 DEMOISELLE ST GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANKEY, PETER L 1215 DEMOISELLE ST GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SANKEY, LORRAINE F 1215 DEMOISELLE ST GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SANKEY, LORRAINE F 1215 DEMOISELLE ST GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *P. Sankey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.3.06

Date

(352) 988-0032

Daytime Phone #