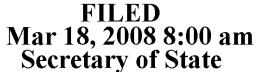
## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # P04000141874  1. Entity Name PETER SANKEY CERAMIC TILES INC						03-18-2008	90022 018 ***15	0.00
Principal Place	e of Business	Mailing Address			1			
1215 DEMOISELLE ST GROVELAND, FL 34736 US		1215 DEMOISELLE ST GROVELAND, FL 34736 US		4004	8376			
Principal Place of Business - No P.O. Box #     Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					#1    1814 <b>  818</b> #1    1841   1811   188	/EZ: /: (EE:
				03102008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 20-1741		<del>- 1</del>	plied For t Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of	of Status Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	<u></u>	
SANKEY, PETER L				Name				
1215 DEMOISELLE ST GROVELAND, FL 34736				Street Address (P.O. Box Number is Not Acceptable)				
				City			Zip Code	
The above named entity submits this statement for the purpose of changing its regist				<u> </u>				
	ions of registered agent.  Signature, typed or printed name of registered agent		_	ed office of registe		i, in the state of Fic	DATE	and accept
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTORS	
TITLE NAME	P SANKEY, PETER L	☐ Delete	TITL	<b>I</b>			☐ Change	Addition .
STREET ADDRESS	11749 OSWALT RD			EET ADDRESS				
CITY-ST-ZIP	CLERMONT, FL 34711		CITY	-ST-ZIP				
TITLE NAME	VP SANKEY, PETER L	☐ Delete	TITL				☐ Change	Addition
STREET ADDRESS	11749 OSLWALT RD			ET ADDRESS				
CITY-ST-ZIP-	CLERMONT, FL-34711		CITY	'-ST-ZIP				
TITLE	TREA	☐ Delete	TITL	<b>I</b>			☐ Change	Addition
NAME STREET ADDRESS	SANKEY, LORRAINE F 11749 OSWALT RD		NAM STRI	EET ADDRESS				
CITY-ST-ZIP	CLERMONT, FL 34711			-ST-ZIP				١
TITLE	SEC	☐ Delete	TITE	E			☐ Change	Addition
NAME	SANKEY, LORRAINE F 111749 OSLWALT RD		NAM	eet address				
STREET ADDRESS CITY-ST-ZIP	CLERMONT, FL 34711			-ST-ZIP				
TITLE		☐ Delete	TITL	Ε			☐ Change	Addition
NAME			NAM	ľ				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- ST- ZIP				
TITLE		☐ Delete	THTL	E			☐ Change	Addition
NAME			NAM					
STREET ADORESS CITY-ST-ZIP			1	EET ADDRESS '-ST-ZIP				
	 certify that the information supplied wit	h this filing dose not qualify to			d in Chanter 119	Florida Statutes I	further certify that the in	formation

indicated on this report or suppliemental 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 trusted 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 edificaction of the corporation of the corporation or the receiver of trusted 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 edificaction of the corporation of th

SIGNATURE:

Daytime Phone #