

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90124 041 ***158.75

DOCUMENT # P04000151670 1. Entity Name GOODWIN TILE AND MARBLE, INC.			
Principal Place of Business 6521 LEONA ST. JACKSONVILLE, FL 32219		Mailing Address 6521 LEONA ST. JACKSONVILLE, FL 32219	
2. Principal Place of Business 1968 Guarded Way Suite, Apt. #, etc.		3. Mailing Address 1968 Guarded Way Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32003		Zip 32003	
Country Clay		Country Clay	
4. FEI Number 83-0410512		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODWIN, JUSTIN B. 6521 LEONA ST. JACKSONVILLE, FL 32219		7. Name and Address of New Registered Agent Name Goodwin, Justin B. Street Address (P.O. Box Number is Not Acceptable) 1968 Guarded Way City Orange Park, FL Zip Code 32003	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GOODWIN, JUSTIN B STREET ADDRESS 6521 LEONA ST. CITY-ST-ZIP JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete	TITLE P NAME Goodwin, Justin B. STREET ADDRESS 1968 Guarded Way CITY-ST-ZIP Orange Park, FL 32003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GOODWIN, GAYLA D STREET ADDRESS 6521 LEONA ST. CITY-ST-ZIP JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete	TITLE VP NAME Goodwin, Gayla D. STREET ADDRESS 1968 Guarded Way CITY-ST-ZIP Orange Park, FL 32003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECT NAME GOODWIN, GAYLA D STREET ADDRESS 6521 LEONA ST CITY-ST-ZIP JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete	TITLE SECT NAME Goodwin, Gayla D. STREET ADDRESS 1968 Guarded Way CITY-ST-ZIP Orange Park, FL 32003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRES NAME GOODWIN, GAYLA D STREET ADDRESS 6521 LEONA ST CITY-ST-ZIP JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete	TITLE TRES NAME Goodwin, Gayla D. STREET ADDRESS 1968 Guarded Way CITY-ST-ZIP Orange Park, FL 32003	<input checked="" 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
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
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: <i>Justin B. Goodwin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/17/06 (904) 637-9216 <small>Daytime Phone #</small>	