

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 002 ***150.00

DOCUMENT # P04000164182

1. Entity Name

RENE'S ESTONE TILE INSTALLATIONS INC



Principal Place of Business

239 OAK RUN COURT
APOPKA FL 32703

Mailing Address

239 OAK RUN COURT
APOPKA FL 32703



2. Principal Place of Business

Rene O. Toledo Per
Suite, Apt. #, etc.

3. Mailing Address

239 OAK RUN COURT
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FL.

City & State

FL

4. FEI Number

20-1998296

Applied For

Not Applicable

Zip

32703

Country

ORANGE.

Zip

32703

Country

ORANGE.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, RENE O
239 OAK RUN COURT
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstating)

4/4/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
TOLEDO, RENE O
239 OAK RUN COURT
APOPKA FL 32703

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

Daytime Phone #