

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172067

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: TIM'S TILE & IMPROVEMENTS, INC.

**Current Principal Place of Business:**

105 LAKESIDE EAST  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

105 LAKESIDE DRIVE EAST  
PORT ORANGE, FL 32128

**Current Mailing Address:**

105 LAKESIDE EAST  
PORT ORANGE, FL 32128

**New Mailing Address:**

105 LAKESIDE DRIVE EAST  
PORT ORANGE, FL 32128

FEI Number: 20-2064858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STIPANOVIC, TIMOTHY J SR.  
105 LAKESIDE EAST  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

STIPANOVIC, TIMOTHY J SR.  
105 LAKESIDE DRIVE EAST  
PORT ORANGE, FL 32128 US

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.

SIGNATURE:

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STIPANOVIC, TIMOTHY J SR.  
Address: 105 LAKESIDE EAST  
City-St-Zip: PORT ORANGE, FL 32128

Title: S ( ) Delete  
Name: VANCE, JASON D  
Address: 1133 MEDITATION LOOP  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STIPANOVIC, TIMOTHY J SR.  
Address: 105 LAKESIDE DRIVE EAST  
City-St-Zip: PORT ORANGE, FL 32128

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J STIPANOVIC

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date