



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90022 049 ***150.00

DOCUMENT # P05000005624 1. Entity Name: PRIDE TILE INSTALLATION, INC.					
Principal Place of Business 12332 SE HIGHWAY 301 BELLEVUE, FL 34420 US			Mailing Address 12332 SE HIGHWAY 301 BELLEVUE, FL 34420 US		
2. Principal Place of Business - No P.O. Box # 9120 SE 110th St Rd		3. Mailing Address 9120 SE 110th St Rd		40051504 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03112008 Chg-P CR2E034 (12/06)	
City & State Belleview FL		City & State Belleview FL		4. FEI Number 32-0136793	
Zip 34420		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNHAM, LINDA 5507 SE 111TH STREET BELLEVUE, FL 34420			7. Name and Address of New Registered Agent Name Jamie Ross Street Address (P.O. Box Number is Not Acceptable) 11610 S. Hwy 301 City Belleview FL Zip Code 34420		
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: <u><i>Jamie Ross</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3-11-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PT GAY, ALLAN E JR. 12332 SE HIGHWAY 301 BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Gay, Allan E. Jr. 9120 SE 110th St Rd Belleview FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GAY, ANGELA 12332 SE HIGHWAY 301 BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Gay, Angela 9120 SE 110th St Rd Belleview FL 34420	<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
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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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					