

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90039 021 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P05000006589</b><br>1. Entity Name<br><b>THOMAS TILE, PLASTERING &amp; REPAIR INC.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>RR 2, BOX 732<br/>LAKE BUTLER, FL 32054</b>  |   |   | Mailing Address<br><b>RR 2, BOX 732<br/>LAKE BUTLER, FL 32054</b>  |   |  |
| 2. Principal Place of Business<br><b>4408 SW 119<sup>th</sup> Loop</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>4408 SW 119<sup>th</sup> Loop</b><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>Lake Butler, FL</b><br>Zip      Country<br><b>32054</b>   |   | City & State<br><b>Lake Butler, FL</b><br>Zip      Country<br><b>32054</b>  |  | 4. FEI Number<br><b>83-0418837</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | 05152006      Chg-P      CR2E034 (11/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANDRA LANGLEY GASS, CPA<br/>235 SW 4TH AVENUE, #2<br/>LAKE BUTLER, FL 32054</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>THOMAS, THEODORE R</b><br><b>RR 2, BOX 732</b><br><b>LAKE BUTLER, FL 32054</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4408 SW 119<sup>th</sup> Loop</b><br><b>LAKE BUTLER FL 32054</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |   |  |
| <b>SIGNATURE:</b>   |   |   | <b>5/15/06</b><br>Date      Daytime Phone #  |   |  |

# ATTACHMENT

40093545

*Sandra Langley Gass, CPA*

235 SW 4<sup>th</sup> Avenue  
Lake Butler, FL 32054  
904-496-1878

May 15, 2006

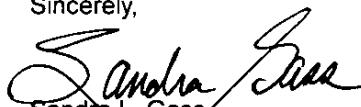
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Thomas Tile, Plastering & Repair, Inc.  
P05000006589

Dear Sir:

We are enclosing the annual report for Thomas Tile, Plastering & Repair, Inc. along with a check for \$150.00. Mr. Thomas is a new business owner. He did not receive a notice to file the annual report and respectfully asks for an abatement of the late penalty.

Sincerely,

  
Sandra L. Gass  
Certified Public Accountant

Enclosure