## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000006589**

1. Entity Name

THOMAS TILE, PLASTERING & REPAIR INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

4400 CW 110TH LOOD

4408 SW 119TH LOOP LAKE BUTLER, FL 32054 Mailing Address

4408 SW 119TH LOOP LAKE BUTLER, FL 32054



## DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0418837 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDRA LANGLEY GASS, CPA 235 SW 4TH AVENUE, #2 LAKE BUTLER, FL 32054

## DO NOT WRITE IN THIS SPACE

				IN	I IIIS SPACI	·
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida I an	n familiar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and bite	if applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE	<u>-</u> -
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees[[5]/	000000758189 23/07-80103-004	150.00
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, THEODORE R 4408 SW 119TH LOOP LAKE BUTLER, FL 32054					
TITLE. NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACI	
TITLE NAME STREET ADDRESS				•		

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 tam an officer or direct 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 changed, or on an attachment with an address, with all giffer like empowered.

SIGNATURE: TOMM & DAME!

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/30/12 381496-1828