

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90443 024 ***158.75

DOCUMENT # P05000016110

1. Entity Name

TILE WORKS OF THE PALM BEACHES INC.



Principal Place of Business

1606 16TH WAY
WEST PALM BEACH FL 33407
US

Mailing Address

1606 16TH WAY
WEST PALM BEACH FL 33407
US



2. Principal Place of Business

7897 SW Jack James Dr.
Suite, Apt. #, etc.
G

3. Mailing Address

7897 SW Jack James Dr.
Suite, Apt. #, etc.
G

1st MOORE

CR2E034 (10/05)

City & State

Stuart FL
Zip 34997 Country US

City & State

Stuart FL
Zip 34997 Country US

4. FEI Number

20-2230441

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES S
1606 16TH WAY
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: James Walker
Street Address (P.O. Box Number is Not Acceptable)
7897 SW Jack James Dr. Ste G
City: Stuart FL Zip Code: 34997

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4-19-06

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	P	<input type="checkbox"/> Delete
NAME	WALKER, JAMES S	
STREET ADDRESS	1606 16TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALKER, JAMES S	
STREET ADDRESS	1606 16TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, JAMES S	
STREET ADDRESS	1606 16TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James S. Walker	
STREET ADDRESS	7897 SW Jack James Dr. Ste G	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James S. Walker	
STREET ADDRESS	7897 SW Jack James Dr. Ste G	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James S. Walker	
STREET ADDRESS	7897 SW Jack James Dr. Ste G	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 (772) 220 2111

Date

Daytime Phone #