## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

## FILED Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90071 031 \*\*\*150 00

1-26-06

DOCUMENT # P05000016704  1. Entity Name CERAMIC TILE & MORE, INC.								_	01-30-200	6 900/1	031 ****13	0.00
Principal Place of Business 2261 WIDE REACH DRIVE ORANGE PARK, FL 32003				Mailing Address 2261 WIDE REACH DRIVE ORANGE PARK, FL 32003				. 1 <b>182</b> 77 <b>88</b> 1111	Aniel Brei Brit 1876 P	Rifi Balet Niela	<b>4</b> 112 1881 <b>53</b> 17 <b>51</b> 2	YBBI N IBBI
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01252006	Chg-P	CR2E	034 (11/05)	
City & State				City & State				4. FELNumb	2280	705	<b>ソ</b> ーー	plied For t Applicable
Zip	Country			Zip	itry		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Curr	tered Agent				7. Name and Address of New Registered Agent					
MANDILE, NELLO J JR. 2261 WIDE REACH DRIVE ORANGE PARK, FL 32003						Name Street Address (P.O. Box Number is Not Acceptable)						
						City	FL 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent).												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.							<b>\$5.</b> Adde	00 May Be ed to Fees			<u> </u>	
10.	OFFICERS AND						ADDITIONS	CHANGES TO OF	FICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	2261 WIE	E, NELLO J JR. DE REACH DRIVE PARK, FL 32003		☐ Delete		- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete						-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	☐ Delete	TITL NAM STRI	E					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detete			-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				Delete		1	-	·			☐ Change	Addition
indicated of the cor	l on this repo rporation or t	ort or supplemental rep the receiver or trustee o	ort is true empowere	filing does not qualify fi and accurate and that d to execute this report If other like empowered	my signa i as requ	ture shall have	e the s	same legal effe	ct as if made unde	r oath; that	I am an officer	or director