6/27/2006-90036-003-$150.00-$150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUL 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000044777

1. Entity Name
KYLEES TILING, INC.

Principal Place of Business	Mailing Address
~~11815 ALDEN RD.~~ ~~JACKSONVILLE, FL 32246-9569~~	~~11815 ALDEN RD.~~ ~~JACKSONVILLE, FL 32246-9569~~

06142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1905 Winkler Ave	Same
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.
City & State Fort Myers	City & State
Zip 33901 Country USA	Zip Country

4. FEI Number 02-0741424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL J JR.
~~11815 ALDEN RD.~~
~~JACKSONVILLE, FL 32246-9569~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 1905 Winkler Ave #1
City Fort Myers FL Zip Code 33901

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 ________________ 06/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Never Received Notice 150.00
FILE NOW!!! FEE IS ~~$550.00~~
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SMITH, MICHAEL J JR. ~~11815 ALDEN RD.~~ ~~JACKSONVILLE, FL 322469569~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1905 Winkler Ave #1 Fort Myers, FL. 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/7/18	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: ________________ 06/13/06 (239)989-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #