

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 010 ***150.00

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1. Entity Name
F.R.Y. INSTALLATION TILE CORP



Principal Place of Business
4391 MCCORMICK STREET
FORT MYERS, FL 33905

Mailing Address
4391 MCCORMICK STREET
FORT MYERS, FL 33905

50013791



2. Principal Place of Business
142 PALM TREE LN
Suite, Apt. #, etc.

3. Mailing Address
142 PALM TREE LN
Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

City & State
FORT MYERS FL
Zip 33905 Country

City & State
FORT MYERS FL
Zip 33905 Country

4. FET Number
20-2670134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, FREDDY
4391 MCCORMICK STREET
FORT MYERS, FL 33905

7. Name and Address of Now Registered Agent

Name
REYES FREDDY
Street Address (P.O. Box Number is Not Acceptable)
142 PALM TREE LN
City FORT MYERS FL Zip Code 33905

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 reinstating)

DATE

4-15-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME REYES, FREDDY ☐ Delete
STREET ADDRESS 4391 MCCORMICK ST
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME REYES FREDDY
STREET ADDRESS 142 PALM TREE LN
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06 239-4626955
Date Daytime Phone #