

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 023 ***150.00

DOCUMENT # P05000073129	
1. Entity Name GENE'S TILE, INC.	

Principal Place of Business 4497 OLD HAW CREEK BUNNELL FL 32110 US	Mailing Address 4497 OLD HAW CREEK BUNNELL FL 32110 US
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2. Principal Place of Business - No. P.O. Box # 120 Pine Tree Lane	3. Mailing Address 120 Pine Tree Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Bunnell, Fla.	City & State Bunnell, Fla.
Zip 32110	Zip 32110
Country Florida	Country Florida

4. FEI Number 20-2866463	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'NEAL, GENE 4497 OLD HAW CREEK BUNNELL FL 32110	
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7. Name and Address of New Registered Agent Name: GENE O'NEAL Street Address (P.O. Box Number is Not Acceptable): 120 PINE TREE LANE BUNNELL, FLA. 32110 City State Zip Code	
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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 signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, GENE 4497 OLD HAW CREEK BUNNELL FL 32110 ☐ 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
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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 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: **A. Allen E. O'Neal**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR