

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080004

FILED
Jul 05, 2006
Secretary of State

Entity Name: CHARLES R. LINDSEY TILE, INC.

Current Principal Place of Business:

45278 CIRCLE DRIVE
CALLAHAN, FL 320110419 US

New Principal Place of Business:

44406 PINEBREEZE CIRCLE
CALLAHAN, FL 320110419 US

Current Mailing Address:

45278 CIRCLE DRIVE
P O BOX 419
CALLAHAN, FL 320110419 US

New Mailing Address:

P.O. BOX 419
CALLAHAN, FL 320110419 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSEY, CHARLES R JR
45278 CIRCLE DRIVE
CALLAHAN, FL 320110419 US

Name and Address of New Registered Agent:

LINDSEY, CHARLES R JR
44406 PINEBREEZE CIRCLE
CALLAHAN, FL 320110419 US

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.

SIGNATURE: CHARLES R LINDSEY

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LINDSEY, CHARLES R JR.
Address: 45278 CIRCLE DRIVE - P O BOX 419
City-St-Zip: CALLAHAN, FL 320110419 US

Title: DVP () Delete
Name: PAGE, COREY A
Address: 54735 SPRING LAKE DRIVE
City-St-Zip: CALLAHAN, FL 32011 US

Title: DS () Delete
Name: BLAIR, THOMAS A
Address: 54025 JEANNIE ROAD - P O BOX 1670
City-St-Zip: CALLAHAN, FL 320111670 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LINDSEY, CHARLES R JR.
Address: 44406 PINEBREEZE CIRCLE - P O BOX 419
City-St-Zip: CALLAHAN, FL 320110419 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R LINDSEY

DPT

07/05/2006

Electronic Signature of Signing Officer or Director

Date