

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 009 ***150.00

DOCUMENT # P05000090788

1. Entity Name
BAD PONY TILE INC.



Principal Place of Business
**22059 HERNANDO AV.
PT. CHARLOTTE, FL 33952**

Mailing Address
**22059 HERNANDO AV.
PT. CHARLOTTE, FL 33952**

2. Principal Place of Business
21448 CARLETON AVE
Suite, Apt. #, etc.

3. Mailing Address
21448 CARLETON AVE
Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL
Zip
33952
Country
USA

City & State
PORT CHARLOTTE FL
Zip
33952
Country
USA

07192006 Chg-P CR2E034 (11/05)



4. FEI Number
16-172-8862

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREULICH, JEFFREY M
22059 HERNANDO AV. 21448 CARLETON AVE
PT. CHARLOTTE, FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 of officer or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

07-06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
OP
NAME
GREUKUCH, JEFFREY M
STREET ADDRESS
22059 HERNANDO AV.
CITY-ST-ZIP
PT. CHARLOTTE, FL 33952

☒ Delete

TITLE
OP
NAME
GREULICH, JEFFREY M
STREET ADDRESS
21448 CARLETON AVE
CITY-ST-ZIP
PORT CHARLOTTE, FL 33952

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TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

[Signature]

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

07-25-06 94-286-9824