

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90115 026 ***150.00

DOCUMENT # P05000095089

1. Entity Name
ARTHUR'S TILE FLOORING INC.



Principal Place of Business
**7729 MITCHELL RANCH RD
NEW PORT RICHEY, FL 34655**

Mailing Address
**7729 MITCHELL RANCH RD
NEW PORT RICHEY, FL 34655**

2. Principal Place of Business - No P.O. Box #
8202 SYLVAN DR

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01072007 Chg-P CR2E034 (12/06)

City & State
HUDSON FL

City & State

Zip
34667

Country
PASCO

Zip

Country

4. FEI Number
20-3108469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REGULA, ARTHUR
7729 MITCHELL RANCH RD
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **REGULA ARTUR**

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

8202 SYLVAN DR

City
HUDSON

FL

Zip Code
34667

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 **ARTHUR REGULA - REGISTERED AGENT** 03-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☐ Delete
NAME **REGULA, ARTHUR**
STREET ADDRESS **7729 MITCHELL RANCH RD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8202 SYLVAN DR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
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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: **ARTHUR REGULA / PRES.** 03-13-07 727-255-4531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #