

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098593

1. Entity Name
BEACHLAND TILE INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 26 AM 9:58

Principal Place of Business
1347 LAWDALE RD.
TALLAHASSEE, FL 32317

Mailing Address
1347 LAWDALE RD.
TALLAHASSEE, FL 32317



2. Principal Place of Business
1347 Lawndale Rd
Suite, Apt. #, etc.

3. Mailing Address
1347 Lawndale Rd
Suite, Apt. #, etc.

04212006 Chg-P CR2E034 (11/05)

City & State
Tallahassee FL
Zip 32317 Country U.S.

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Tallahassee FL
Zip 32317 Country U.S.

4. FEI Number 16-1728705
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILTZ, JOSEPH H
1347 LAWDALE RD.
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating)

DATE

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 CEO
NAME HILTZ, JOSEPH H
STREET ADDRESS 1347 LAWDALE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (850) 386-8946
Date Daytime Phone #

4/26/06