


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000100086 |  |
| 1. Entity Name SAVE A LOT TILE INC. | |

| | |
|---|---|
| Principal Place of Business 2115 SOUTH RIDGEWOOD AV SUITE 5 EDGEWATER FL 32141 US | Mailing Address 2115 SOUTH RIDGEWOOD AV SUITE 5 EDGEWATER FL 32141 US |
|---|---|



| | |
|---|------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 2115 Ridge Wood AV | 3. Mailing Address Same |
| Suite, Apt. #, etc. 5 | Suite, Apt. #, etc. Same |
| City & State Edgewater FL | City & State Same |
| Zip 32141 | Country Volusia |

1st MOORE CR2E034 (10/06)

| | |
|---|--|
| 4. FEI Number 75-3211344 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CONATSER, DONALD J SR 2115 SOUTH RIDGEWOOD AV SUITE 5 EDGEWATER FL 32141 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) None 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CONATSER, DONALD J SR 2115 SOUTH RIDGEWOOD AV EDGEWATER FL 32141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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03/30/07-80027-017 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-7 386 4099050

Date Daytime Phone #