2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/

FILED
Jul 13, 2006 8:00 am
Secretary of State

05-02-2006 90177 015 ***150.00

DOCUMENT # P05000100806

1. Entity Name
SURPLUS TILE INC.

Principal Place of Business	Mailing Address
599 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233	599 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233

66021750

02082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6273 Powers Ave	6273 Powers Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax, FL	City & State: Jax, FL
Zip: 32217 Country	Zip: 32217 Country

4. FEI Number: 999994546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EAKIN, PAUL M
599 ATLANTIC BLVD SUITE 4
ATLANTIC BEACH, FL 32233

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Jerry Edenfield 205 Village Green Ave Jax, FL 32259 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tom Allen 6108 Terry Rd Jax, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all address, with all other like empowered.

SIGNATURE: Thomas M. Allen 4-27-06 904-759-5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005-2006 RENEWAL APPLICATION FOR OCCUPATIONAL LICENSE TAX

CITY OF JACKSONVILLE/DUVAL COUNTY
MIKE HOGAN, TAX COLLECTOR

231 E FORSYTH STREET ROOM 130 JACKSONVILLE, FL 32202-3370
PHONE: (904) 630-2080 FAX: (904) 630-1432
WEBSITE: www.coj.net/tc

Mike Hogan, Tax Coll
City of Jacksonville
8171814.0001 of 0001
DATE 07/05/2006
Oper BNB
Till A15,
Paid 21.26

Note – A penalty is imposed for failure to keep this license exhibited conspicuously at your establishment of place of business. This license is furnished pursuance of chapter 770-772 City ordinance codes.

SURPLUS TILE INC
ANDREW J EDENFIED
1909 W WILLOW BRANCH LA
ST AUGUSTINE, FL 32216-0000

RETURN ADDRESS
231 EAST FORSYTH ST. ROOM 130
JACKSONVILLE, FL 32202-3369

ACCOUNT NUMBER: 999994546
LOCATION ADDRESS: 6273 POWERS AV
JACKSONVILLE FL 32217-0000

DESCRIPTION: CONTRACTOR- ALL TYPES

TAX DUE BASED ON CURRENT INFORMATION

	Sep 30	Oct-10% Pen	Nov-15% Pen	Dec-20% Pen	Jan-25% Pen
COUNTY TAX (307001)	5.63	6.19	6.47	6.76	7.04
MUNICIPAL TAX (MC 772.309)	15.63	17.19	17.97	18.76	19.54
TOTAL DUE	21.26	23.38	24.44	25.52	26.58

1) **PLEASE REFER TO THE BELOW AREA TO MAKE ANY ADDRESS CORRECTIONS.**
2) **PLEASE REFER TO THE INSERT TO STUDY THE TAX RATE CHART AND MAKE ANY TAX RATE ADJUSTMENTS IF APPLICABLE.**
3) **ACCORDING TO ORDINANCE 89-1055-516, THE TAX COLLECTOR IS AUTHORIZED TO WITHHOLD ISSUANCE OF AN OCCUPATIONAL LICENSE FOR UNPAID OR DELINQUENT TANGIBLE PERSONAL PROPERTY TAXES.**
4) **PLEASE ALLOW 5 TO 7 WORKING DAYS FOR YOUR APPLICATION TO BE PROCESSED. YOUR OCCUPATIONAL LICENSE WILL BE AUTOMATICALLY MAILED TO YOU.**

Please detach and return bottom section with your payment.

ATTACHMENT

#05-000128-806