

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 8:00 am
Secretary of State

03-21-2006 90044 045 ***158.75

DOCUMENT # P05000140406			
1. Entity Name FLEUR DE LIS TILE & STONE, INC.			
Principal Place of Business 74 BERWICK CIRCLE SHALIMAR FL 32579		Mailing Address 74 BERWICK CIRCLE SHALIMAR FL 32579	
2. Principal Place of Business 259 Brook's St Suite, Apt. #, etc.		3. Mailing Address 259 Brook's St Suite, Apt. #, etc.	
City & State Ft. Walton Bch, FL Zip 32548 Country		City & State Ft. Walton Bch, FL Zip 32548 Country	
4. FEI Number 86-114-8826		<input checked="" type="checkbox"/> 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 LEE, MICHAEL 74 BERWICK CIRCLE SHALIMAR FL 32579		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip _____	
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 <u>MICHAEL R. LEE Michael R Lee</u> DATE <u>3-8-06</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME LEE, MICHAEL <input type="checkbox"/> Delete STREET ADDRESS 74 BERWICK CIRCLE CITY- ST- ZIP SHALIMAR FL 32579	TITLE _____ NAME LEE, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 259 Brook's St CITY- ST- ZIP Ft. Walton Bch, FL 32548	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY- ST- ZIP _____	
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY- ST- ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ 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 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: <u>Michael R Lee - MICHAEL R. LEE</u> <u>3-8-06</u> <u>(850) 699-7900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			