

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90298 030 ***150.00

DOCUMENT # P05000144330

1. Entity Name
T & S TEXTURES INC



Principal Place of Business
**281919 LAKE HAMPTON RD
HILLIARD, FL 32046**

Mailing Address
**281919 LAKE HAMPTON RD
HILLIARD, FL 32046**

50011595



2. Principal Place of Business
281919 LAKE HAMPTON RD.
Suite, Apt. #, etc.

3. Mailing Address
281919 LAKE HAMPTON RD.
Suite, Apt. #, etc.

02222006 Chg-P CR2E034 (11/05)

City & State
Hilliard FL

City & State
Hilliard FL

4. FEI Number
41-218-7130

Applied For
Not Applicable

Zip
32046

Country
USA

Zip
32046

Country
USA

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

6. Name and Address of Current Registered Agent

**BODWAY, SAMANTHA R
281919 LAKE HAMPTON RD
HILLIARD, FL 32046**

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 **P** ☐ Delete
NAME **BODWAY, SAMANTHA R**
STREET ADDRESS **281919 LAKE HAMPTON RD**
CITY-ST-ZIP **HILLIARD, FL 32046**

TITLE **VP** ☐ Delete
NAME **BODWAY, ANTHONY D**
STREET ADDRESS **281919 LAKE HAMPTON RD**
CITY-ST-ZIP **HILLIARD, FL 32046**

TITLE **S** ☐ Delete
NAME **BODWAY, WILLIAM G**
STREET ADDRESS **159 LONG JOHN DR.**
CITY-ST-ZIP **HENDERSONVILLE, NC 28791**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-06 (904) 755-5877