## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## May 05, 2006 8:00 am Secretary of State DOCUMENT # P05000149884 1. Entity Name 05-05-2006 90191 031 \*\*\*150.00 DP TILE SERVICE, INC. Principal Place of Business Mailing Address 75375 EDWARDS ROAD 75375 EDWARDS ROAD YULEE FL 32097 YULEE FL 32097 2. Principal Place of Business 3. Mailing Address FLASIER ZZ 86101 Kyle FRASIUM PLD 86101 1st MOORE CR2E034 (10/05) 4. FEI Number City & State Applied For vlec Ulee 20-3771144 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US .A 32097 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name PARKER, DAVID Street Address (P.O. Box Number is Not Acceptable 75375 EDWARDS ROAD YULEE FL 32097 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition DAVIO NAME PARKER, DAVID AKER NAME 6101 KYK FRASIEN 20 STREET ADDRESS 75375 EDWARDS ROAD STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition RICHARD RIDGEWA RIDGEWAY, RICHARD NAME NAME STREET ADDRESS 86101 75375 EDWARDS ROAD STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP 32057 40186 TITLE \_ \_ \_ Detate JETI,F Addition \_\_\_\_ Change NAME NAME STREET ADDRESS STREET ADDRESS FRASICE Q1) 32097 6101 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Defete TITT F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change , ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attach

SIGNATURE:

**FILED**