

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-21-2006 90036 022 ***150.00

DOCUMENT # P05000152779			
1. Entity Name KRUEGER TILE INC			
Principal Place of Business 1948 SE PORT ST LUCIE BLVD ST LUCIE FL 34952		Mailing Address 1948 SE PORT ST LUCIE BLVD ST LUCIE FL 34952	
2. Principal Place of Business 1023 Trinidad Ave. Suite, Apt. #, etc.		3. Mailing Address 1023 Trinidad Ave. Suite, Apt. #, etc.	
City & State Fort Pierce, FL Zip 34982 Country		City & State Fort Pierce, FL Zip 34982 Country USA	
4. FEI Number 20-3816293		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUEGER, PAUL 1948 SE PORT ST LUCIE BLVD ST LUCIE FL 34952		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 <u>Paul Krueger</u> DATE <u>March 9, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</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 D <input type="checkbox"/> Delete NAME KRUEGER, PAUL STREET ADDRESS 1948 SE PORT ST LUCIE BLVD CITY-ST-ZIP ST LUCIE FL 34952	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ 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>Paul Krueger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>March 9 2006</u> Daytime Phone # <u>772 465 6825</u>	