

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90001 027 ***150.00

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1. Entity Name

GOOD BROTHERS TILE SUPPLY, INC.



Principal Place of Business

1954 TIGERTAIL BLVD.

17

DANIA, FL 33004 US

Mailing Address

1954 TIGERTAIL BLVD.

17

DANIA, FL 33004 US

40113330



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4096122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DARMON, FREDI

1954 TIGERTAIL BLVD.

17

DANIA, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	DARMON, FREDI
STREET ADDRESS	1954 TIGERTAIL BLVD. #17
CITY-ST-ZIP	DANIA, FL 33004
TITLE	OVP
NAME	BARTLEY, PATRICK
STREET ADDRESS	716 HOLLY STREET
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #