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david o ryan opa

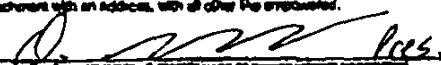
LAW OFFICES

Fax 2393377968

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED

04-30-2007 90438 009 ***150.00
FILED

DOCUMENT # P06000008561			
1. Entity Name TILE & MARBLE BY DOUG REICHENBACH, INC.			
Principal Place of Business 3814 SW 6TH PLACE CAPE CORAL, FL 33914		Mailing Address 3814 SW 6TH PLACE CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent REICHENBACH, DOUGLAS 3814 SW 6TH PLACE CAPE CORAL, FL 33914		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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, Name or other name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.)			
FEE: \$150.00 After May 1, 2007 Fee will be \$200.00		7. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
18. OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT REICHENBACH, DOUGLAS 3814 SW 6TH PLACE CAPE CORAL, FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add/Remove
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add/Remove
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 member or trustee empowered to submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 18 or Block 19 if changed, or on an attachment with an address, with all other fee empowers.			
SIGNATURE:  Res.		4-25-07	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02282007 Chg-P 072E004 (12/06)

6. FEE NUMBER **06-1766168** Applied For
Not Applicable8. Certificate of Status Desired ☐ \$6.75 Additional Fee RequiredDocument corrected per Doug Reichenbach. *Res.*