

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 041 ***150.00

DOCUMENT # P06000022812

1. Entity Name

EXTREME TILE & MARBLE CONCEPTS, INC.



Principal Place of Business

454 LAKE ROSEMARY CT
DEFUNIAK SPRINGS FL 32433

Mailing Address

454 LAKE ROSEMARY CT
DEFUNIAK SPRINGS FL 32433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

454 Lake Rose Mary Ct.
Suite, Apt. #, etc.

454 Lake Rosemary Ct.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Defundiak Springs FL

City & State

Defundiak Springs FL

4. FEI Number

22-3921673

Applied For

Not Applicable

Zip
32433

Country
USA

Zip
32433

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS BONDS, GERALD E
CITY - ST - ZIP 454 LAKE ROSEMARY CT
DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
NAME ST
STREET ADDRESS MCMATH, CLIFFORD R
CITY - ST - ZIP 454 LAKE ROSEMARY CT
DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #