

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09162008 No Chg.P. CR2E034 (11/05)

4. FEI Number 22-3821673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 title if applicable (NOTE: Registered Agent signature required when renewing)

1000000959857
09/18/08 000000 010 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONDS, GERALD E 454 LAKE ROSEMARY CT DEFUNIAK SPRINGS, FL 32433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCMATH, CLIFFORD R 454 LAKE ROSEMARY CT DEFUNIAK SPRINGS, FL 32433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08 850-974-2631
Date Daytime Phone #