## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P06000024704** 04-23-2007 90080 003 \*\*\*150.00 GOLDEN STYLE TILE, INC. Principal Place of Business 40075764 Mailing Address 131 CARTER BLVD. 131 CARTER BLVD. POLK CITY, FL 33868 POLK CITY, FL 33868 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. CB2E034 (12/06) 01202007 Chg-P 4. FEI Number 55-0914079 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name (so lden) GOLDEN, MIKE Street Add 131 CARTER BLVD POLK CITY, FL 33868 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 (NOTE: Registered Agent signature required when reinstating) printed name of registe agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PVST Addition Delete TITLE TITLE GOLDEN, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 131 CARTER BLVD. CITY-ST-ZIP POLK CITY, FL 33868 CITY-ST-ZIP Delete TITLE Change Addition TITLE Glenda Golden 131 Carten Blud 33668 GOLDEN, MIKE NAME NAME STREET ADDRESS 131 CARTER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLK CITY, FL 33868 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #