

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061264

Entity Name: FLORIDA TILE & SUPPLY, INC.

FILED  
Mar 24, 2008  
Secretary of State

**Current Principal Place of Business:**

1900 GLADES ROAD  
356  
BOCA RATON, FL 33431

**New Principal Place of Business:**

Current Mailing Address:  
PO BOX 810994  
BOCA RATON, FL 33481

**New Mailing Address:**

FEI Number: 20-4789618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, MICHAEL  
1900 GLADES ROAD  
356  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DAVIS, MICHAEL  
Address: 1900 GLADES ROAD, SUITE 356  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete  
Name: DICKS, MAGGIE  
Address: 1900 GLADES ROAD, SUITE 356  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DAVIS

PRES

03/24/2008

Electronic Signature of Signing Officer or Director

Date