

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076667

Entity Name: GALE TILE & GROUT, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

210 EMDEN WAY  
ELLENTON, FL 34222 US

## New Principal Place of Business:

819 45TH AVENUE EAST  
ELLENTON, FL 34222 US

## Current Mailing Address:

210 EMDEN WAY  
ELLENTON, FL 34222 US

## New Mailing Address:

P.O.BOX 195  
ELLENTON, FL 34222 US

FEI Number: 14-1965497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWEN, GALE  
210 EMDEN WAY  
ELLENTON, FL 34222 US

## Name and Address of New Registered Agent:

BOWEN, GALE  
819 45TH AVENUE EAST  
ELLENTON, FL 34222 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/V/P ( ) Delete  
Name: BOWEN, GALE  
Address: 210 EMDEN WAY  
City-St-Zip: ELLENTON, FL 34222 US

Title: S/T ( ) Delete  
Name: BOWEN, GALE  
Address: 210 EMDEN WAY  
City-St-Zip: ELLENTON, FL 34222 US

Title: D ( ) Delete  
Name: BOWEN, GALE  
Address: 210 EMDEN WAY  
City-St-Zip: ELLENTON, FL 34222 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/V/P (X) Change ( ) Addition  
Name: BOWEN, GALE  
Address: 819 45TH AVENUE EAST  
City-St-Zip: ELLENTON, FL 34222 US

Title: S/T (X) Change ( ) Addition  
Name: BOWEN, GALE  
Address: 819 45TH AVENUE EAST  
City-St-Zip: ELLENTON, FL 34222 US

Title: D (X) Change ( ) Addition  
Name: BOWEN, GALE  
Address: 819 45TH AVENUE EAST  
City-St-Zip: ELLENTON, FL 34222 US

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: GALE BOWEN

OWNE

05/01/2008

Electronic Signature of Signing Officer or Director

Date