

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90002 019 ***150.00

DOCUMENT # P06000081874					
1. Entity Name ROBERT L. HARRISON TILE, INC.					
Principal Place of Business 303 PAVONIA ROAD NOKOMIS, FL 34275 US			Mailing Address 303 PAVONIA ROAD NOKOMIS, FL 34275 US		
2. Principal Place of Business - No P.O. Box # 303 PAVONIA ROAD		3. Mailing Address 303 PAVONIA ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NOKOMIS FLORIDA		City & State NOKOMIS FLORIDA		4. FEI Number 20-4951454	
Zip 34275		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, ROBERT L 313 PAMETO ROAD NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name: HARRISON Robert L. Street Address (P.O. Box Number is Not Acceptable): 303 PAVONIA ROAD City: NOKOMIS FL Zip Code: 34275		
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: <u>Robert L. Harrison</u> <u>PTS</u> <u>9/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HARRISON, ROBERT L 313 PAMETO ROAD NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HARRISON Robert L. 303 PAVONIA ROAD NOKOMIS FLORIDA 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert L. Harrison</u>			<u>9/12/07</u> <u>941-586-0857</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		