02-05-2007 90089 012 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Nov 15, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P06000107423

1. Entity Name
SST TILE, INC.

Principal Place of Business	Mailing Address
2323 NE 36TH AVENUE UNIT 6 OCALA FL 34470 US	2323 NE 36TH AVENUE UNIT 6 OCALA FL 34470 US

01202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2311 NE 29th Ave	P.O. Box 2438
Suite, Apt. #, etc. #102	Suite, Apt. #, etc.
City & State Ocala FL	City & State S. Silvers Springs FL
Zip 34470 Country	Zip 34489 Country

4. FEI Number 51-0587144 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, SHAD L
2323 NE 36TH AVENUE
UNIT 6
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 1/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANDERS, SHAD 2323 NE 36TH AVENUE UNIT 6 OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, AMY PO BOX 2438 SILVER SPRINGS, FL 34489	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Talke to Amy Sanders Did Not get Rejection letter or 8 ...