2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 AUG -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-26-2007 90032 035 $150.00

DOCUMENT # P06000142639

1. Entity Name
A & B TILE & HARDWOOD, INC.

Principal Place of Business	Mailing Address
1394 FLORIDA AVENUE FORT MYERS, FL 32626 US	1394 FLORIDA AVENUE FORT MYERS, FL 32626 US

05112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
213 TYRES ALLEY		P.O. BOX 1127	
Suite, Apt. #, etc. 213		Suite, Apt. #, etc. 1127	
City & State BRONSON, FL		City & State BRONSON, FL	
Zip 32621	Country LEVY / U.S.	Zip 32621	Country LEVY / U.S.

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

BOETTJER, FREDERICK S
1394 FLORIDA AVENUE
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name JOSEPH A AGNOLI
Street Address (P.O. Box Number is Not Acceptable)
213 TYRES ALLEY
City BRONSON FL Zip Code 32621

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] JOSEPH A. AGNOLI PRESIDENT 5-18-07
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BOETTJER, FREDERICK S P.O. BOX 992 CHIEFLAND, FL 32626	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH A AGNOLI P.O. BOX 1127 BRONSON, FL 32621	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-P AGNOLI, JOSEPH P O BOX 992 CHIEFLAND, FL 32626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER RYAN HICKS P.O. BOX 1153 BRONSON, FL 32621	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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] Joseph A Agnoli 5-18-07 386-867-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #