


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000143376 1. Entity Name LEWIS TILE INC.	
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Principal Place of Business 12345 CENTRALIA RD BROOKSVILLE, FL 34614 US	Mailing Address 12345 CENTRALIA RD BROOKSVILLE, FL 34614 US
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DO NOT WRITE IN THIS SPACE



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5955913	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, JAMES D 12345 CENTRALIA RD BROOKSVILLE, FL 34614
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000920204 05/14/08-80034-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JAMES D 12345 CENTRALIA RD BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, TIMOTHY J 3540 DOTHAN AVE BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, BEVERLY G 12345 CENTRALIA RD BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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>JAMES D LEWIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-20-2008</u> <small>Date</small>	<u>3525853656</u> <small>Daytime Phone #</small>
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