

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 23, 2007 8:00 am
Secretary of State**

08-23-2007 90021 048 ***150.00

DOCUMENT # P06000149569	
1. Entity Name STEPHAN T. VANCE CUSTOM TILE & MARBLE, INC.	



Principal Place of Business 161 WELLSLEY AVE SW PALM BAY, FL 32908	Mailing Address 161 WELLSLEY AVE SW PALM BAY, FL 32908
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 161 Wellsley Ave SW	3. Mailing Address Suite, Apt. #, etc. 161 Wellsley Ave SW
City & State PALM BAY FL	City & State PALM BAY FL
Zip 32908	Country Brev

6. Name and Address of Current Registered Agent COLOMBO, JOSEPH G 2351 W EAU. GALLIE BLVD. SUITE 1 MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	PT VANCE, STEPHAN T 161 WELLSLEY AVE SW PALM BAY, FL 32908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VANCE, SUSAN M 161 WELLSLEY AVE SW PALM BAY, FL 32908	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-07

(321)537-2712

Date

Daytime Phone #

ATTACHMENT

To whom it may concern, 40129903
P06000149569
Please excuse our delinquency in
Payment. I was under the impression
that we had until Sept. 1 to make the
150.⁰⁰ incorporation payment. I was not
aware of the 400.⁰⁰ penalties that
have accrued. I am a first time corp.
owner, + I am very ignorant when
it comes to the financial department.
If you could please spare us the penalty
charges of 400.⁰⁰ it would be greatly
appreciated. This is not + will not be
a continuing issue. Thank you.

Susan M Vaneer