

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052727

FILED
Mar 19, 2008
Secretary of State

Entity Name: FANTASY TILE OF THE EMERALD COAST INC

Current Principal Place of Business:

103 TUSCANY DR.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

103 TUSCANY DR.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-8990414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, JOHN C
20 RUE D ETRETAT
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

JACOBY, JOHN C
103 TUSCANY DR.
DESTIN, FL 32541 US

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.

SIGNATURE: JOHN JACOBY

03/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBY, JOHN C
Address: 20 RUE D ETRETAT
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACOBY, JOHN C
Address: 103 TUSCANY DR.
City-St-Zip: DESTIN, FL 32541

Title: VP () Change (X) Addition
Name: JACOBY, SHAWNA G
Address: 103 TUSCANY DR.
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JACOBY

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date