


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000026852</b>	
1. Entity Name D & B TILE OF ORLANDO, INC.	

Principal Place of Business 4455 DARDANELLE DRIVE SUITE B ORLANDO, FL 32808	Mailing Address 14200 N.W. 4TH STREET SUNRISE, FL 33325
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01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0400249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  YARBOROUGH, HAROLD G 14200 N.W. 4TH STREET SUNRISE, FL 33325
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, HAROLD 14200 N.W. 4TH STREET SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YARBOROUGH, DAVID A 14200 NW 4TH STREET SUNRISE, FL 33325
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U00000645138 03/02/07-80072-002 150.00
<b>DO NOT WRITE IN THIS SPACE</b>

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:** *David A. Yarbrough* **DAVID A. YARBROUGH** 1-18-07 (254) 845-1110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #