


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90088 003 ***158.75

DOCUMENT # P93000049262	
1. Entity Name JND TILE, INC.	

Principal Place of Business 19140 E PENN AVENUE SUITE 4 DUNNELLO, FL 34432 US	Mailing Address 19140 E PENN AVENUE SUITE 4 DUNNELLO, FL 34432 US
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2. Principal Place of Business - No P.O. Box # 2484 W. Dunnellon Road	3. Mailing Address 2484 W. Dunnellon Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dunnellon, FL	City & State Dunnellon, FL
Zip 34433	Country US
Zip 34433	Country US



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3192174	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KOOPMAN, JAMES G 19140 E PENN AVENUE SUITE 4 DUNNELLO, FL 34432	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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: **1/25/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOOPMAN, JAMES G P.O BOX 2367 DUNNELLO, FL 34430 <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	S KOOPMAN, DEBBIE A P.O BOX 2367 DUNNELLO, FL 34430 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **1/25/07** Daytime Phone #: **(352) 489-9200**