

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000073590

1. Entity Name
SUPERIOR TILE OF NAPLES, INC.Principal Place of Business
442 POTTER POINT DR
NAPLES, FL 34109 USMailing Address
442 POTTER POINT DR
NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0445839	Applied For <input type="checkbox"/> 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

WUSCHKE, JAMES E
442 POTTER POINT DRIVE
NAPLES, FL 34103DO 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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WUSCHKE, JAMES E
STREET ADDRESS	442 POTTER POINT DR
CITY-ST-ZIP	NAPLES, FL 34109

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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 09/03/08-80002-017 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08 239 597-0313

Date

Daytime Phone #