


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

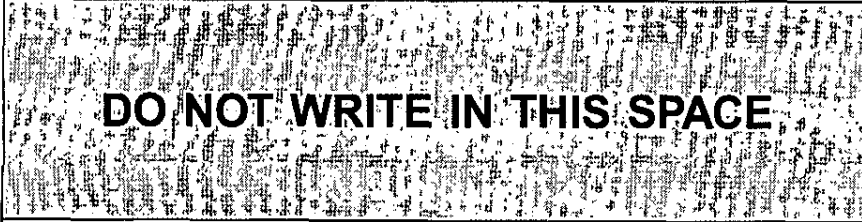

DOCUMENT # P94000048126

1. Entity Name
PAUL'S PROFESSIONAL TILE, INC.



Principal Place of Business Mailing Address

5100 JEWELL TERRACE **5100 JEWELL TERRACE**
PALM HARBOR, FL 34685 **PALM HARBOR, FL 34685**

02292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3248566 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCNABB, PAUL V
5100 JEWELL TERRACE
PALM HARBOR, FL 34685



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 _____

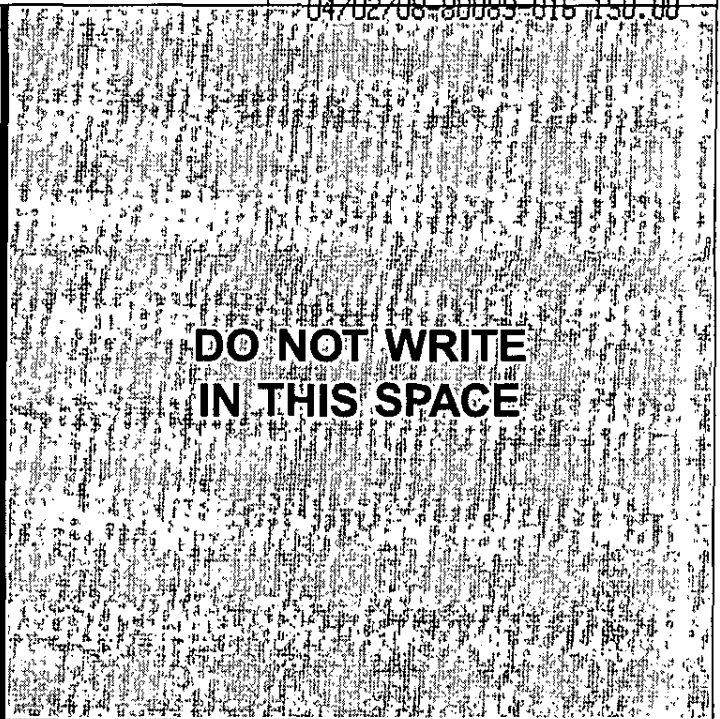
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000861150
04/02/08-80089-016-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCNABB, PAUL V
STREET ADDRESS	5100 JEWELL TERRACE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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: *Paul McNabb* **3-14-08** **727-463-5316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #