

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000056828 1. Entity Name TOMLINSON'S COLOR TILE & CARPET, INC.					
Principal Place of Business 245 SEBASTIAN BLVD., SUITE D SEBASTIAN FL 32958			Mailing Address 245 SEBASTIAN BLVD., SUITE D SEBASTIAN FL 32958		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0514814	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TOMLINSON, LYNN 245 SEBASTIAN BLVD STE D SEBASTIAN FL 32958				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <i>Lynn Tomlinson</i> (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Added to Fees Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TOMLINSON, JOSEPH R 245 SEBASTIAN BLVD STE D SEBASTIAN FL 32958	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM TOMLINSON, LYNN R 245 SEBASTIAN BLVD STE D SEBASTIAN FL 32958	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMLINSON, KELLY 245 SEBASTIAN BLVD STE D SEBASTIAN FL 32958	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Lynn Tomlinson* 4/18/06 - 772-388-301