2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059217

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PANAMA CITY, FL 32409

() Delete

FILED Mar 05, 2007 Secretary of State

Entity Nai	me: KILGOF	RE KARPET & CERAMIC TILE,	INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	NAMA CITY E CITY BEACH	BEACH PKWY I, FL 32407				
Current Mailing Address:			New Maili	New Mailing Address:		
	NAMA CITY E CITY BEACH	BEACH PKWY I, FL 32407				
FEI Number	: 59-3284921	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
11905 PAN	JAMES W NAMA CITY E CITY BEACH	BEACH PKWY I, FL 32407 US				
	named entity e of Florida.	y submits this statement for the	purpose of changing	its register	ed office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			gent	Date		
Election Car	npaign Financi	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	KILGORE, JA 11905 PANAN	() Delete IMES W WA CITY BEACH PKWY Y BEACH, FL 32407	Title: Name: Address: City-St-Zip:	11905 PAI	(X) Change () Addition JAMES W NAMA CITY BEACH PKWY CITY BEACH, FL 32407	
Title: Name: Address: City-St-Zip: Title:	MARTINEZ, C 11905 PANAI PANAMA CIT S (MA CITY BEACH PARKWAY Y BEACH, FL 32407	Title: Name: Address: City-St-Zip: Title:	P (X) Change () Addition MARTINEZ, CRYSTAL G 11905 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 VP/S (X) Change () Addition		
Name: Address:			Name: Address:	GALBREATH, STACIE R 13920 ASHTON WAY		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PANAMA CITY, FL 32409

KILGORE, JAMES W

() Change (X) Addition

11905 PANAMA CITY BEACH PKWY

PANAMA CITY BEACH, FL 32407

SIGNATURE: STACIE GALBREATH VP 03/05/2007