

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90018 005 ***150.00

DOCUMENT # P94000090676 1. Entity Name BRANDON TILE & CARPET, INC.					
Principal Place of Business 10517 RIVERVIEW DR RIVERVIEW, FL 33569			Mailing Address 10517 RIVERVIEW DR RIVERVIEW, FL 33569		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0541695	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRUEGER, GARY 10517 RIVERVIEW DR RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name KRUEGER, ELAINE Street Address (P.O. Box Number is Not Acceptable) 10221 Ashley Oaks DR City Riverview FL Zip Code 33569	
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 <u><i>Elaine M Krueger</i></u> DATE <u>1/31/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRUEGER, ELAINE 10577 RIVERVIEW DR RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRUEGER, ELAINE 10221 Ashley Oaks DR Riverview, FL 33569	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRUEGER, GARY 10577 RIVERVIEW DR RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACEY, PAUL 3503 PINE KNOT DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACEY, PAUL 10221 Ashley Oaks DR Riverview, FL 33569	
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	
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	
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	
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: <u><i>Elaine M Krueger</i></u> DATE <u>1/31/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					