

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014888

FILED
Apr 23, 2009
Secretary of State

Entity Name: METRO TILE AND MARBLE, INC.

Current Principal Place of Business:

625 EAST BAY STREET
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

625 EAST BAY STREET
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3297652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N
886 SOUTH DILLARD ST.
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

MASHBURN, ERIC N
102 E. MAPLE ST
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: ERIC S. MASHBURN

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: TUCKER, JIM
Address: 12216 OUTLOOK DR
City-St-Zip: CLERMONT, FL 34711

Title: DVP () Delete
Name: COMBS, TAMMY
Address: 363 SEASIDE CT #204
City-St-Zip: OCOEE, FL 34761

Title: DT () Delete
Name: TUCKER, VILMA
Address: 12216 OUTLOOK DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: RAMSAUR, CARL H JR
Address: 625 EAST BAY STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: COMBS, TAMMY
Address: 363 SEASIDE CT. #204
City-St-Zip: OCOEE, FL 34761

Title: DVP (X) Change () Addition
Name: TUCKER, PAM
Address: 628 N. LAKEVIEW AVE. #6
City-St-Zip: WINTER GARDEN, FL 34787

Title: DT (X) Change () Addition
Name: TUCKER, PAM
Address: 628 N. LAKEVIEW AVE. #6
City-St-Zip: WINTER GARDEN, FL 34787

Title: S (X) Change () Addition
Name: TUCKER, JAMES C
Address: 291 PORT AUGUSTINE CIR. #101
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TAMMY E. COMBS

DPST

04/23/2009

Electronic Signature of Signing Officer or Director

Date