


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 026 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P95000017046 1. Entity Name TILE SPECIALTIES CONTRACTOR, INC. | | | |  | |
| Principal Place of Business HAVEN APARTMENTS 8520 W. MAYO DR., APT. 77 CRYSTAL RIVER, FL 34429 US | | | Mailing Address P.O. BOX 1802 CRYSTAL RIVER, FL 34423 US | | |
| 2. Principal Place of Business - No P.O. Box # 1011 N. Lajolla Pt | | | 3. Mailing Address 1011 N. Lajolla Pt. | | |
| Suite, Apt. #, etc. Crystal | | | Suite, Apt. #, etc. Crystal | | |
| City & State Crystal River FL | | | City & State Crystal River FL | | |
| Zip 34429 | | Country Florus | | Zip 34429 | |
| Country Florus | | 4. FEI Number 59-3301515 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent HALL, RICHARD E 8520 W MAYO DR. CRYSTAL RIVER, FL 34429 | | | 7. Name and Address of New Registered Agent Name Hall Richard E. Street Address (P.O. Box Number is Not Acceptable) 1011 N. Lajolla Pt. City Crystal River FL Zip Code 34429 | | |
| 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. <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 | D HALL, RICHARD E 8520 W MAYO DR. CRYSTAL RIVER, FL 34429 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hall Richard E. 1011 N. Lajolla Pt Crystal River FL 34429 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILKES, DARREN T 7429 W. VILLA TERRACE DR. HOMOSASSA, FL 34448 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Wilkes Darren T 2801 S. Macauley terrace HOMOSASSA SPRINGS FL 34447 | <input checked="" 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 |
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| 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>Richard E Hall</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date <u>4/11/08</u> Daytime Phone # <u>352-860-1874</u> | | |