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Secretary of State

03-24-2008 90055 001 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000038556

1. Entity Name
MILTON'S SUNCOAST TILE & FLOORING CO.

Principal Place of Business	Mailing Address
12601 U.S. HIGHWAY 19 HUDSON, FL 34667	6105 MAIN STREET NEW PORT RICHEY, FL 34653

02192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2110 DREW STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CLEARWATER, FL	
Zip	Country	Zip: 33765	Country

4. FEI Number: 59-3320204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAKRIS, MILTON 8625 JOLLY ROGER DR HUDSON, FL 34667	Name: MAKRIS, MILTON Street Address (P.O. Box Number is Not Acceptable): 13731 VICTOR AVE City: HUDSON, FL Zip Code: 34667

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS MAKRIS, MILTON ~~8625 JOLLY ROGER DRIVE~~ 13731 VICTOR AVE ~~HUDSON, FL 34667~~ HUDSON, FL 34667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] MILTON MAKRIS PRESIDENT 2-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #