

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90006 023 ***150.00

DOCUMENT # P96000002104

1. Entity Name

DELTONA TILE, INC.



Principal Place of Business

4430 KATY DR
NEW SMYRNA BEACH FL 32169

Mailing Address

4430 KATY DR
NEW SMYRNA BEACH FL 32169



2. Principal Place of Business - No P.O. Box #

325 N. CAUSEWAY

3. Mailing Address

325 N. CAUSEWAY

Suite, Apt. #, etc.

E-201 ART.

Suite, Apt. #, etc.

APT. E-201

1st MOORE

CR2E034 (10/07)

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach, FL

4. FEI Number

59-3350698

Applied For

Not Applicable

Zip

32169

Country

Volusia

Zip

32169

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, RICHARD R
4430 KATY DRIVE
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name FLOYD, RICHARD R.

Street Address (P.O. Box Number is Not Acceptable)

325 N. CAUSEWAY APT. E-201

New Smyrna Beach

FL

Zip Code
32169

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RICHARD R. FLOYD
STREET ADDRESS 4430 KATY DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RICHARD R FLOYD
STREET ADDRESS 325 N. CAUSEWAY E-201
CITY-ST-ZIP New Smyrna Beach FL 32169

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #