## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 04, 2008 08:00 AN **Secretary of State** DOCUMENT # P96000009904 TAMPA WHOLESALE TILE & TOOL, INC. Principal Place of Business Mailing Address 4507 W COMANCHE AVE 4507 W COMANCHE AVE TAMPA, FL 33614 US TAMPA, FL 33614 US 01092008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0645898 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVIN, JEROME S ESQ DO NOT WRITE 1680 FRUITVILLE ROAD SUITE 102 IN THIS SPACE SARASOTA, FL. 34236 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE NAME GREENBAUM, GLENN F STREET ADDRESS 1931 13TH STREET CITY-ST-7IP SARASOTA, FL 34236 TITI F NAME GREENBAUM, CHARLES 4507 W COMANCHE AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE

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—incompowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**