2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000039879

1. Entity Name
WILLIE POINTER TILE, INC.

Principal Place of Business	Mailing Address
904 ALLMAN LEIHIGH ACRES, FL 33971	904 ALLMAN LEIHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE

01252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0673432	Not Applicable

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

6. Name and Address of Current Registered Agent

LOUBIER, RUTH A
5245 BIG PINE WAY STE 101
FORT MYERS, FL 33901

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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 title if applicable.   (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. ☐   **$5.00** May Be Added to Fees

U000000933800
05/23/08-80006-017 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	POINTER, WILLIE G
STREET ADDRESS	904 ALLMAN AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Willie Pointer   WILLIE POINTER   4/23/08   239-693-0438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #