

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000064338

1. Entity Name
QUALITY TILE SETTERS, INC.



12 MAY 21 AM 8:08

Principal Place of Business
**QUALITY TILE SETTERS
1311 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118**

Mailing Address
**QUALITY TILE SETTERS
1311 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118**

2. Principal Place of Business - No P.O. Box #
1311 N. HALIFAX AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



05082012 Chg-P CR2E034 (12/11)

City & State
DAYTONA BEACH, FL

City & State

Zip
32118

Country
U.S.A

Zip

Country

4. FEI Number
59-3393344

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CROSS, JULIE
1311 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent
Name
N-A
Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

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 \$550.00 Due by September 28, 2012

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 | P CROSS, STEPHEN A 1311 N. HALIFAX AVE. DAYTONA BEACH, FL 32118 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100235371771 05/21/12--01004--014 ***150.00 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

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: **STEPHEN A. CROSS** DATE: **MAY 21 2012** E-MAIL ADDRESS: **QUALITYSETTERS@aol.com**