


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90088 022 \*\*\*158.75

**DOCUMENT # P96000098161**

1. Entity Name  
**K.C. TILES & MARBLE, INC.**



Principal Place of Business  
**3900 ARNOLD AVE.  
 NAPLES, FL 34104**

Mailing Address  
**3900 ARNOLD AVE.  
 NAPLES, FL 34104**



2. Principal Place of Business - No P.O. Box #  
**3773 ARNOLD AVE.**  
 Suite, Apt. #, etc.  
**NAPLES FLORIDA**  
 City & State  
**34104 USA**  
 Zip Country

3. Mailing Address  
**3773 ARNOLD AVE.**  
 Suite, Apt. #, etc.  
**NAPLES FLORIDA**  
 City & State  
**34104 USA**  
 Zip Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0712052**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, MARIO**  
**3799 WHITE BLVD.**  
**NAPLES, FL 34117**

7. Name and Address of New Registered Agent  
 Name  
 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 *MARIO RODRIGUEZ* 1/9/08  
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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRUJILLO, JOEL</b> <b>191 1ST STREET SW</b> <b>NAPLES, FL 34117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

*[Handwritten Signature]*