

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002009

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: UNITED TILE CONTRACTORS OF FLORIDA, INC.

## Current Principal Place of Business:

5538 BARTON STREET  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

5538 BARTON STREET  
NEW PORT RICHEY, FL 34652 US

## Current Mailing Address:

5538 BARTON STREET  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

5538 BARTON STREET  
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3424766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUPERNALUT, KENNETH  
5538 BARTON STREET  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SUPERNALUT, KENNETH  
Address: 2909 SHIPSTON AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD ( ) Delete  
Name: SUPERNALUT, BATINA S  
Address: 2909 SHIPSTON AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST ( ) Delete  
Name: SUPERNALUT, BATINA S  
Address: 2909 SHIPSTON AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SUPERNALUT, KENNETH  
Address: PO BOX 912  
City-St-Zip: ELFERS, FL 34680

Title: VPD (X) Change ( ) Addition  
Name: SUPERNALUT, BATINA S  
Address: PO BOX 912  
City-St-Zip: ELFERS, FL 34680

Title: ST (X) Change ( ) Addition  
Name: SUPERNALUT, BATINA S  
Address: PO BOX 912  
City-St-Zip: ELFERS, FL 34680

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BATINA S. SUPERNALUT

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date