

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000014139

1. Entity Name
HOLYCROSS TILE, INC.



Principal Place of Business
449 ENGLAR DRIVE
SEBASTIAN, FL 32958

Mailing Address
449 ENGLAR DRIVE
SEBASTIAN, FL 32958



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0733588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLYCROSS, BILL
449 ENGLAR DRIVE
SEBASTIAN, FL 32958

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

UN00000549860
05/13/06-80038-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HOLYCROSS, BILL
STREET ADDRESS	449 ENGLAR DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	HOLYCROSS, NATHAN
STREET ADDRESS	449 ENGLAR DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	HOLYCROSS, CURTIS R
STREET ADDRESS	449 ENGLAR DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	HOLYCROSS, TRAVIS A
STREET ADDRESS	175 20TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	T
NAME	HOLYCROSS, MARTHA
STREET ADDRESS	449 ENGLAR DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Bill Holycross - Bill Holycross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 772-589-4215
Date Daytime Phone