

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014139

Entity Name: HOLYCROSS TILE, INC.

FILED
Apr 13, 2008
Secretary of State

Current Principal Place of Business:

449 ENGLAR DRIVE
SEBASTIAN, FL 32958

New Principal Place of Business:

8850 U.S.#1
SEBASTIAN, FL 32958

Current Mailing Address:

449 ENGLAR DRIVE
SEBASTIAN, FL 32958

New Mailing Address:

P.O. BOX 700066
WABASSO, FL 32970

FEI Number: 65-0733588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLYCROSS, BILL
449 ENGLAR DRIVE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

HOLYCROSS, BILL
8850 US#1
SEBASTIAN, FL 32958 US

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: BILL HOLYCROSS

04/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HOLYCROSS, BILL
Address: 449 ENGLAR DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: VP () Delete
Name: HOLYCROSS, NATHAN
Address: 449 ENGLAR DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: VP () Delete
Name: HOLYCROSS, CURTIS R
Address: 449 ENGLAR DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: VP () Delete
Name: HOLYCROSS, TRAVIS A
Address: 175 20TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: T () Delete
Name: HOLYCROSS, MARTHA
Address: 449 ENGLAR DRIVE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HOLYCROSS, BILL
Address: 8850 US#1
City-St-Zip: SEBASTIAN, FL 32958

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOLYCROSS, MARTHA
Address: 8850 US#1
City-St-Zip: SEBASTIAN, FL 32958

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: BILL HOLYCROSS

PRES

04/13/2008

Electronic Signature of Signing Officer or Director

Date