

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014139

Entity Name: HOLYCROSS TILE, INC.

FILED  
Apr 18, 2012  
Secretary of State

**Current Principal Place of Business:**

8850 U.S.#1  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 700066  
WABASSO, FL 32970

**New Mailing Address:**

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  
9710 61ST TERRACE  
SEBASTIAN, FL 32958 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: HOLYCROSS, BILL  
Address: 8850 US#1  
City-St-Zip: SEBASTIAN, FL 32958

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

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

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

Title: T  
Name: HOLYCROSS, MARTHA  
Address: 8850 US#1  
City-St-Zip: SEBASTIAN, FL 32958

I hereby 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 all other like empowered.

SIGNATURE: BILL HOLYCROSS

PRES

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date