


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000014681</b> 1. Entity Name <b>TRAWICK TILE, INC.</b>	
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Principal Place of Business <b>629 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US</b>	Mailing Address <b>629 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US</b>
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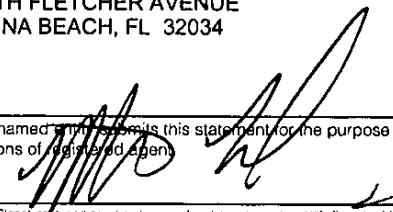
04052007 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-3430170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TRAWICK, MATTHEW D 1411 NORTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034</b>
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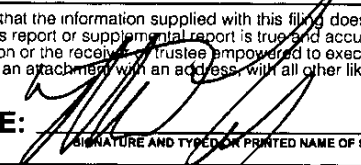
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TRAWICK, MATTHEW D 1411 NORTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>TRAWICK, PATRICIA A 1411 NORTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U00000763687 05/30/07-80026-011 550.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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, trustee, or assignee 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date  Daytime Phone #