


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90296 022 ***150.00

DOCUMENT # P97000063568 1. Entity Name BRICKSTONE & TILE CONSTRUCTION, INC.					
Principal Place of Business 3010 HWY 98 WEST SANTA ROSA BEACH, FL 33459 US			Mailing Address 3010 HWY 98 WEST SANTA ROSA BEACH, FL 33459 US		
2. Principal Place of Business 4217 Henderson Beach Rd. Suite, Apt. #, etc.		3. Mailing Address 4217 Henderson Beach Rd. Suite, Apt. #, etc.			
City & State Destin		City & State Destin FL		4. FEI Number 59-3458511	
Zip 32541		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>[Signature]</i> Change address DATE: 04-17-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRICKSTONE & TILE, INC. 3010 HWY 98 W SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4217 Henderson Beach Destin, FL - 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LANG, PAUL L P 3010 HWY 98 W SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4217 Henderson Beach Destin, FL - 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 filers empowered.					
SIGNATURE: <i>[Signature]</i>			04-17-06- 850 837 24 49		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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