


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000066379																																		
<small>1. Entity Name</small> TOM HOGAN TILE & MARBLE, INC.																																		
<small>Principal Place of Business</small> 1579 CROSSBEAM DR CASSELBERRY, FL 32707	<small>Mailing Address</small> 1579 CROSSBEAM DR CASSELBERRY, FL 32707	 04252006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 59-3461093</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 59-3461093	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required																													
<small>4. FEI Number</small> 59-3461093	<small>Applied For</small> Not Applicable																																	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required																																		
DO NOT WRITE IN THIS SPACE																																		
<small>6. Name and Address of Current Registered Agent</small> HOGAN, TOM C 1579 CROSSBEAM DR CASSELBERRY, FL 32707		DO NOT WRITE IN THIS SPACE																																
<small>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.</small>																																		
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ <small>DATE</small> _____																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td><small>PD</small></td></tr><tr><td><small>NAME</small></td><td>HOGAN, TOM C</td></tr><tr><td><small>STREET ADDRESS</small></td><td>1579 CROSSBEAM DR</td></tr><tr><td><small>CITY - ST - ZIP</small></td><td>CASSELBERRY, FL 32707</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr></table>		<small>TITLE</small>	<small>PD</small>	<small>NAME</small>	HOGAN, TOM C	<small>STREET ADDRESS</small>	1579 CROSSBEAM DR	<small>CITY - ST - ZIP</small>	CASSELBERRY, FL 32707	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		DO NOT WRITE IN THIS SPACE U00000544380 05/11/06-80034-009 150.00
<small>TITLE</small>	<small>PD</small>																																	
<small>NAME</small>	HOGAN, TOM C																																	
<small>STREET ADDRESS</small>	1579 CROSSBEAM DR																																	
<small>CITY - ST - ZIP</small>	CASSELBERRY, FL 32707																																	
<small>TITLE</small>																																		
<small>NAME</small>																																		
<small>STREET ADDRESS</small>																																		
<small>CITY - ST - ZIP</small>																																		
<small>TITLE</small>																																		
<small>NAME</small>																																		
<small>STREET ADDRESS</small>																																		
<small>CITY - ST - ZIP</small>																																		
<small>TITLE</small>																																		
<small>NAME</small>																																		
<small>STREET ADDRESS</small>																																		
<small>CITY - ST - ZIP</small>																																		
<small>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.</small>																																		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/06 <small>Date</small> <small>Daytime Phone #</small>																																