## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2008 08:00 All Secretary of State **DOCUMENT # P97000066379** TOM HOGAN TILE & MARBLE, INC. Principal Place of Business Mailing Address 1579 CROSSBEAM DR 1579 CROSSBEAM DR CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3461093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HOGAN, TOM C 1579 CROSSBEAM DR CASSELBERRY, FL 32707 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOGAN, TOM C NAME STREET ADDRESS 1579 CROSSBEAM DR CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE U00000809975 02/08/08-80045-003 **150.00** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #