


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075467</b> 1. Entity Name MICHAEL TENHOEVE TILING, INC.	
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Principal Place of Business 803 E. OVERDRIVE CIRCLE HOLDER, FL 34445	Mailing Address P.O. BOX 479 HOLDER, FL 34445
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01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3467305	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TENHOEVE, LINDA  
803 E. OVERDRIVE CIRCLE  
HOLDER, FL 34445

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TENHOEVE, MICHAEL P.O. BOX 479 HOLDER, FL 34445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TENHOEVE, LINDA P.O. BOX 479 HOLDER, FL 34445
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03/19/08-80019-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Linda Tenhoeve LINDA Ten Hoeve, Sect/Treas 2-29-08 352-489-1194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #