

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90165 037 \*\*\*150.00

**DOCUMENT # P98000024302**

1. Entity Name  
**TILE CRAFT, INC.**



Principal Place of Business  
**1611 NW 55 PL  
SUITE A  
GAINESVILLE, FL 32653**

Mailing Address  
**1336 NW 34 ROAD  
GAINESVILLE, FL 32605**

**40000814**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3499116**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**SUMMERALL, JIMMIE L  
1336 NW 34 ROAD  
GAINESVILLE, FL 32605**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SUMMERALL, JIMMIE L
STREET ADDRESS	1336 NW 34 ROAD
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	VS
NAME	CHITTUM, VERONA
STREET ADDRESS	681 SW MAPLETON ST.
CITY - ST - ZIP	FORT WHITE, FL 32038
TITLE	SEC
NAME	RUNYON, DARLENE
STREET ADDRESS	2909 NW 177TH AVE 3909 NW 177TH AVE.
CITY - ST - ZIP	PENSACOLA, FL 32509 GAINESVILLE, FL 32609
TITLE	T
NAME	RUNYON, DARLENE
STREET ADDRESS	3909 NW 177TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

*Jimmie L Summerall*  
**JIMMIE L SUMMERALL D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-5-06 352-3767872**