


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90101 023 ***150.00

DOCUMENT # P98000047571	
1. Entity Name LONGWOOD TILE & MARBLE, INC.	

Principal Place of Business 695 WILMA STREET SUITE 117 LONGWOOD, FL 32750 US	Mailing Address 695 WILMA STREET SUITE 117 LONGWOOD, FL 32750 US
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2. Principal Place of Business 361 ANCHOR ROAD	3. Mailing Address P.O. Box 520624
Suite, Apt. #, etc. SUITE #1001	Suite, Apt. #, etc.
City & State CASSELBERRY	City & State LONGWOOD
Zip 32707	Country SEMINOLE
Zip 32752-0624	Country SEMINOLE



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3512345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUNDY, DONNA L 695 WILMA STREET SUITE 117 LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name DONNA L. BUNDY Street Address (P.O. Box Number is Not Acceptable) 361 ANCHOR ROAD SUITE #1001 City CASSELBERRY FL Zip Code 32707
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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 *Donna L. Bundy* DATE 4/17/06

Signature, typed or printed name of registered agent add title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, DONNA L 695 WILMA STREET SUITE 117 LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, DONNA L 361 ANCHOR ROAD SUITE 1001 CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, HAYWOOD G 695 WILMA STREET SUITE 117 LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, HAYWOOD G 361 ANCHOR ROAD, SUITE 1001 CASSELBERRY, FL 32707 <input checked="" 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
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 like empowered.

SIGNATURE: *Donna L. Bundy* **DONNA L. BUNDY** DATE 4/17/06 TELEPHONE # 407.767.1636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR