


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P98000047571</b> 1. Entity Name <b>LONGWOOD TILE &amp; MARBLE, INC.</b>	
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Principal Place of Business <b>361 ANCHOR ROAD SUITE #1001 CASSELBERRY, FL 32707 US</b>	Mailing Address <b>P.O. BOX 520624 LONGWOOD, FL 32752-0624 US</b>
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01282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3512345</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>BUNDY, DONNA L 361 ANCHOR ROAD SUITE #1001 CASSELBERRY, FL 32707</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000279990</b> <b>04/15/08-80044-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUNDY, DONNA L 361 ANCHOR ROAD SUITE 1001 CASSELBERRY, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUNDY, HAYWOOD G 361 ANCHOR ROAD, SUITE 1001 CASSELBERRY, FL 32707</b>
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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:** Donna L. Bundy **April 1, 2008** **407. 767.1636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #