


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000102894</b> 1. Entity Name LONG'S CERAMIC TILE, INC.	
---	---

Principal Place of Business 24091 HAYMAN ROAD BROOKSVILLE, FL 34602	Mailing Address 24091 HAYMAN ROAD BROOKSVILLE, FL 34602
---	---



02072007    No Chg-P    CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3545596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

LONG, MICHAEL J  
 24091 HAYMAN ROAD  
 BROOKSVILLE, FL 34602

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000634117 02/21/07-80091-020 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE	P	LONG, MICHAEL
NAME		24091 HAYMAN ROAD
STREET ADDRESS		BROOKSVILLE, FL 34602
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael Long    2/7/07    727-420-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #