

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State



DOCUMENT # P98000103345
 1. Entity Name
ELLIOTT'S PRECISION TILE SERVICE, INC.

Principal Place of Business
 226 S HARBOR DR
 HOLMES BEACH FL 34217

Mailing Address
 PO BOX 1480
 ANNA MARIA FL 24316



2. Principal Place of Business - No P.O. Box #
226 S. HARBOR DR.

3. Mailing Address
PO BOX 1480

Suite, Apt. #, etc.
Holmes Beach

Suite, Apt. #, etc.
ANNA MARIA

City & State
Florida

City & State
FLORIDA

Zip
34217

Country
USA.

Zip
34216

Country
USA

1st MOORE CR2E034 (10/06)

4. FEI Number **65-0880842**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ELLIOTT, JACK T
226 S HARBOR DR
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO ELLIOT, JACK P O BOX 1480 HOLMES BEACH FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000705238 04/23/07-80044-018 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MAEDING, CHRISTY 226 S HARBOR DR HOLMES BEACH FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jack T. Elliott* **4-11-07** (941) **778-1319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #