

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 023 ***150.00

DOCUMENT # P99000032797

1. Entity Name
TILE WIZARDS, INC.



Principal Place of Business
P.O. BOX 1044
AMELIA ISLAND, FL 32035

Mailing Address
P.O. BOX 1044
AMELIA ISLAND, FL 32035

40079054

2. Principal Place of Business - No P.O. Box #
919 whitest.

3. Mailing Address
919 whitest.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-P CR2E034 (12/06)

City & State
Amelia Island FL

City & State
Amelia Island FL

4. FEI Number
59-3569740

Applied For
Not Applicable

Zip
32034

Country
US

Zip
32034

Country
US

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

6. Name and Address of Current Registered Agent

**BOYLE, RICHARD M
919 WHITE STREET
AMELIA ISLAND, FL 32034**

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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYLE, RICHARD M ☐ Delete
STREET ADDRESS P.O. BOX 1044
CITY-ST-ZIP AMELIA ISLAND, FL 32035

TITLE S
NAME RAYBON, STEPHEN DWAYNE ☐ Delete
STREET ADDRESS P.O. BOX 1044
CITY-ST-ZIP AMELIA ISLAND, FL 32035

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **919 white St.**
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **Same** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **919 white St.**
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-07 904.261-0012