

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000046650

1. Entity Name
WEST FLORIDA CERAMIC TILE, INC.



FILED
Apr 09, 2007 08:00 AM
Secretary of State

Principal Place of Business
5251 ENGLISH OAK DRIVE
PACE FL 32571

Mailing Address
5251 ENGLISH OAK DRIVE
PACE FL 32571



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3625262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSHEIM, MICHAEL
5251 ENGLISH OAK DRIVE
PACE FL 32571

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME GROSSHEIM, MICHAEL J Delete
STREET ADDRESS 5251 ENGLISH OAK DRIVE
CITY- ST- ZIP PACE FL 32571

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE S
NAME WARD, MICHAEL H JR Delete
STREET ADDRESS 1612 EAST CERVANTES ST.
CITY- ST- ZIP PENSACOLA FL 32501

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
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CITY- ST- ZIP Change Addition

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STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

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: Michael Grossheim \$-1-07 850-232-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #