2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 22, 2006 8:00 am Secretary of State DCCUMENT # P99000067397 04-24-2006 90466 048 \*\*\*150.00 1. Entity Name EMPIRE TILE, INC. Principal Place of Business Mailing Address 8374 MARKET ST BOX 106 7050 60TH ST. E. PALMETTO FL 34221 **BRADENTON FL 34202** 2. Principal Place of Business /0503 Cheval 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Gily & State Bradenton City & State Applied For 4. FEI Number 34207 65-0935836 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALLA, GREGG Street Address (P.O. Box Number is Not Acceptable) 8374 MARKET STREET **BOX 106 BRADENTON FL 34202** City 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 (NOTE: Registered Agent signature required when reinstalists) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete DILE TITLE Change Addition NAME MARSHALLA, GREGG W NAME STREET ADDRESS 8374 MARKET STREET BOX 106 STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34202 CITY-ST-ZIP TITLE ☐ Defete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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 abother like empowered. SIGNATURE: 🚄

Date

Daytime Phone #

**FILED**