

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90013 016 \*\*\*150.00

<b>DOCUMENT # S13638</b> 1. Entity Name <b>FOOTE ENTERPRISES, INC.</b> <i>DBA Fashion Tile</i>					
Principal Place of Business <b>2800 NOVA ROAD</b> <b>DAYTONA BEACH, FL 32119 US</b>			Mailing Address <b>18 PINE VALLEY CIR.</b> <b>ORMOND BCH., FL 32174-3821 US</b>		
2. Principal Place of Business - No P.O. Box # <i>4643 Clyde Morris Blvd.</i>		3. Mailing Address Suite, Apt. #, etc. <i>Unit 304</i>			
City & State <i>Port Orange, Florida</i>		City & State _____		4. FEI Number <b>59-3038559</b>	
Zip <b>32129</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOOTE, JAMES J.</b> <b>18 PINE VALLEY CIRCLE</b> <b>ORMOND BCH., FL 32174</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <b>2-19-07</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FOOTE, JAMES J.</b> <b>18 PINE VALLEY CIRCLE</b> <b>ORMOND BEACH, FL 321743821</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FOOTE, CYNTHIA K</b> <b>18 PINE VALLEY CIRCLE</b> <b>ORMOND BEACH, FL 321743821</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-19-07 386767-6004</b> <small>Date Daytime Phone #</small>		

40066004



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