

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90103 021 ***150.00

DOCUMENT # S33227 1. Entity Name FIRST CHOICE TILE & MARBLE, INC.					
Principal Place of Business HOME 38 WICKLIFFE DRIVE NAPLES, FL 34110-1332			Mailing Address HOME 38 WICKLIFFE DRIVE NAPLES, FL 34110-1332		
2. Principal Place of Business HOME Suite, Apt. #, etc. 3721 24th AVE N.E. City & State NAPLES FL Zip 34120		3. Mailing Address FIRST CHOICE TILE Suite, Apt. #, etc. P.O. BOX 110126 City & State NAPLES FL Zip 34108			
4. FEI Number 65-0243098		Chg-P CR2E034 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORRIS, DOUGLAS 38 WICKLIFFE DRIVE NAPLES, FL 34110-1332			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MORRIS, DOUGLAS 38 WICKLIFFE DRIVE NAPLES, FL 341101332		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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 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: _____			4-19-06 239-250-5359		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		