


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # S69449 1. Entity Name TILES BY FRAN, INC.	
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Principal Place of Business 1401 LAKE GROVES RD NW LAKE PLACID FL 33852 US	Mailing Address 1401 LAKE GROVES RD NW LAKE PLACID FL 33852 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State
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4. FEI Number 59-3082489	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HADDEN, FRANCES 191 MANDOLIN DRIVE LAKE PLACID FL 33852

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">DP HADDEN, FRANCES 191 MANDOLIN DRIVE LAKE PLACID FL</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>DVST HADDEN, PAUL 191 MANDOLIN DRIVE LAKE PLACID FL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>ST THARPE, PAULA H 191 MANDOLIN DR. LAKE PLACID FL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	DP HADDEN, FRANCES 191 MANDOLIN DRIVE LAKE PLACID FL	<input type="checkbox"/> Delete	DVST HADDEN, PAUL 191 MANDOLIN DRIVE LAKE PLACID FL	<input type="checkbox"/> Delete	ST THARPE, PAULA H 191 MANDOLIN DR. LAKE PLACID FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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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: Paula H. Tharpe PAULA H. THARPE 4/26/06 8634651938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #