



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 023 \*\*\*150.00

<b>DOCUMENT # S69449</b> 1. Entity Name <b>TILES BY FRAN, INC.</b>					
Principal Place of Business <b>1401 LAKE GROVES RD NW LAKE PLACID, FL 33852 US</b>				Mailing Address <b>1401 LAKE GROVES RD NW LAKE PLACID, FL 33852 US</b>	
2. Principal Place of Business - No P.O. Box# <b>208 N. Main Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1024</b> Suite, Apt. #, etc.			
City & State <b>Lake Placid FL</b>		City & State <b>Lake Placid FL</b>		4. FEI Number <b>59-3082489</b>	
Zip <b>33852</b>		Country <b>Florida</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>HADDEN, FRANCES 191 MANDOLIN DRIVE LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent Name <b>PAULA H THARPE</b> Street Address (P.O. Box Number is Not Acceptable) <b>347 PIPER ST NW</b> City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HADDEN, FRANCES <input checked="" type="checkbox"/> Delete 191 MANDOLIN DRIVE LAKE PLACID, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HADDEN, PAUL <input checked="" type="checkbox"/> Delete 191 MANDOLIN DIRVE LAKE PLACID, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THARPE, PAULA H <input type="checkbox"/> Delete 401 MANDOLIN DR. LAKE PLACID, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>347 PIPER ST NW</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Paula H. Tharpe</i> <b>PAULA H. THARPE</b> <i>April 17 2008</i> <b>8034651938</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					