

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90047 044 ***150.00

DOCUMENT # V46959

1. Entity Name
CHARLIE THOMAS TILE, INC.



Principal Place of Business
**11000-24 METRO PKWY
FORT MYERS, FL 33912**

Mailing Address
**11000-24 METRO PKWY
FORT MYERS, FL 33912**

QUULU...



2. Principal Place of Business - No P.O. Box #
3550 Work Drive

3. Mailing Address
3550 Work Drive

01292007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
Unit B6

Suite, Apt. #, etc.
Unit B6

City & State
Ft Myers FL

City & State
Ft Myers FL

Zip
33916 Country
USA

Zip
33916 Country
USA

4. FEI Number
65-0342856

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, CHARLES H.
11000-34 METRO PARKWAY
FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name
Thomas Charles H.

Street Address (P.O. Box Number is Not Acceptable)

3550 Work Drive Unit B6

City
Ft Myers FL Zip Code
33916

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 **Charlie Thomas** **Charlie Thomas**

Feb 5, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D THOMAS, NANETTE L.
11000-34 METRO PKWY
FORT MYERS, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D THOMAS, CHARLES H.
11000-34 METRO PKWY
FORT MYERS, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**3550 Work Drive Unit B6
Ft Myers FL 33916**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**3550 Work Drive Unit B6
Ft Myers FL 33916**

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: **Charlie Thomas** **Feb 5, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239 656 6710