



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90074 049 ***150.00

DOCUMENT # V73190			
1. Entity Name ENGLEWOOD TILE, INC.			
Principal Place of Business 524 PAUL MORRIS DR. STE D ENGLEWOOD, FL 34223 US		Mailing Address P.O. BOX 2083 ENGLEWOOD, FL 34295-2083 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
4. FEI Number 65-0359203		Applied For <input type="checkbox"/> Not Applicable	
03272008 Chg-P		CR2E034 (12/06)	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name NIPPER, R. TED		Name	
Street Address (P.O. Box Number is Not Acceptable) 460 S. INDIANA AVENUE		Street Address (P.O. Box Number is Not Acceptable)	
City ENGLEWOOD, FL 34223		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
After May 1, 2008 Fee will be \$550.00		\$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	D NELSON, FRED <input type="checkbox"/> Delete 39 RIVER FRONT RD VENICE, FL	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
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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: 		Date: 4/17/08 Daytime Phone #: 941-474-1684	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			