


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 019 ***150.00

DOCUMENT # P03000081916

1. Entity Name
MARTIN BORDAS TILE, INC.



Principal Place of Business Mailing Address

1701 GULF OF MEXICO DR UNIT 204 1701 GULF OF MEXICO DR UNIT 204
 LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228

40098154



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0122344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J
 791 W LUMSDEN RD
 BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 6, 2006

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 BORDAS, MARTIN 1701 GULF OF MEXICO DR UNIT 204 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORDAS, SUSAN 1701 GULF OF MEXICO DR., #204 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Susan J. Bordas* **Susan J. Bordas** 7-6-06 941-350-6968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Martin Bordas Tile, Inc 40098132

Division of Corp.

7-6-06

P.O. Box 6198

Doc. # P030000
81916

Tallahassee, FL 32314

To Whom It May Concern:

We never received notification of payment due. We only received notice of intent to dissolve.

We are sending in \$150.00 fee to cover costs. We are (my son) is a 1 man show & barely makes enough to feed his family.

Thank you.

Susan Bordas

Susan Bordas

941-350-6968