

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033580

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** ANDERSON TILE SERVICES, INC.

**Current Principal Place of Business:**

7925 OLD KINGS DR S  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

2139 TRAILWOOD DR  
FLEMING ISLAND, FL 32003 US

**Current Mailing Address:**

7925 OLD KINGS DR S  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

2139 TRAILWOOD DR  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 20-4445907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DA SILVA, ANDERSON G  
7925 OLD KINGS DR S  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

DA SILVA, ANDERSON G  
2139 RRAILWOOD DR  
JACKSONVILLE, FL 320003 US

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.

SIGNATURE: ANDERSON

05/01/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DA SILVA, ANDERSON G  
Address: 2139 TRAILWOOD DR  
City-St-Zip: FLEMING ISLAND, FL 32003 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDERSON G DA SILVA

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date