


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 014 ***150.00

DOCUMENT # F0000000602					
1. Entity Name ANN SACKS TILE & STONE, INC.					
Principal Place of Business 444 HIGHLAND DRIVE ATTN: TAX DEPT. KOHLER, WI 53044			Mailing Address 444 HIGHLAND DRIVE ATTN: TAX DEPT. KOHLER, WI 53044		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 93-0843204				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOHLER, HERBERT V JR.		NAME		
STREET ADDRESS	441 GREEN TREE ROAD		STREET ADDRESS		
CITY-ST-ZIP	KOHLER, WI 53044		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHENEY, JEFFREY P.		NAME		
STREET ADDRESS	4010 NORTH 50TH STREET		STREET ADDRESS	N6315 N. 61st Street, Sheboygan, WI	53083
CITY-ST-ZIP	SHEBOYGAN, WI 53083		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOHLER, RACHEL D		NAME		
STREET ADDRESS	2614 N. MILDRED		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60614		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAAS, DELBERT		NAME		
STREET ADDRESS	N9646 FRANKLIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	ELKHART LAKE, WI 53020		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCHI, MICHAEL		NAME		
STREET ADDRESS	N 6551 RIVERVIEW ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH, WI 53073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK, NATALIE A		NAME		
STREET ADDRESS	9934 WEEKS LANE		STREET ADDRESS		
CITY-ST-ZIP	OOSTBURG, WI 53070		CITY-ST-ZIP		
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: _____		Treasurer		1/11/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

