

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000602

FILED
Jan 08, 2008
Secretary of State

Entity Name: ANN SACKS TILE & STONE, INC.

Current Principal Place of Business:

444 HIGHLAND DRIVE
ATTN: TAX DEPT.
KOHLER, WI 53044

New Principal Place of Business:

Current Mailing Address:

444 HIGHLAND DRIVE
ATTN: TAX DEPT.
KOHLER, WI 53044

New Mailing Address:

FEI Number: 93-0843204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOHLER, HERBERT V JR.
Address: 441 GREEN TREE ROAD
City-St-Zip: KOHLER, WI 53044

Title: D () Delete
Name: CHENEY, JEFFREY P.
Address: N6315 N 61ST ST.
City-St-Zip: SHEBOYGAN, WI 53083

Title: CEO () Delete
Name: KOHLER, RACHEL D
Address: 2614 N. MILDRED
City-St-Zip: CHICAGO, IL 60614

Title: T () Delete
Name: HAAS, DELBERT
Address: N9646 FRANKLIN ROAD
City-St-Zip: ELKHART LAKE, WI 53020

Title: P () Delete
Name: MARCHI, MICHAEL
Address: N 6551 RIVERVIEW ROAD
City-St-Zip: PLYMOUTH, WI 53073

Title: DS () Delete
Name: BLACK, NATALIE A
Address: 9934 WEEKS LANE
City-St-Zip: OOSTBURG, WI 53070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SMITH, DIANE E
Address: 1027 E. LYON STREET
City-St-Zip: MILWAUKEE, WI 53202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DELBERT P. HAAS

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01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date