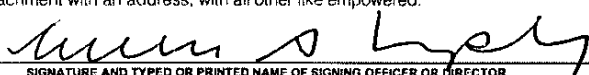


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 001 ***150.00

DOCUMENT # P01000030501 1. Entity Name CELTIC CUSTOM TILE, INC.					
Principal Place of Business 850 PALM VIEW WAY SARASOTA, FL 34240			Mailing Address PO BOX 19319 SARASOTA, FL 34276		
2. Principal Place of Business 1800 CEBERO Rd.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HAWKINSVILLE, GA		City & State		4. FEI Number 65-1085051	
Zip 31036		Country USA		5. Certificate of Status Desired -- ☐ -- \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 2058 CONSTITUTION BLVD SARASOTA, FL 34231			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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPST MURPHY, WILLIAM SCOTT 850 PALM VIEW WAY SARASOTA, FL 34240 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MURPHY, SCOTT 1800 CEBERO Rd HAWKINSVILLE, GA 31036 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			3/20/06 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					