


**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 046 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P01000086195			
1. Entity Name LABELLA TILE, INC.			
Principal Place of Business 1196 COROLLA AVE. SPRING HILL, FL 34609		Mailing Address 1196 COROLLA AVE. SPRING HILL, FL 34609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LABELLA, LOUIS 1196 COROLLA AVE. SPRING HILL, FL 34609		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: <i>Louis P. Bella</i>		DATE: 4-25-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	LABELLA, LOUIS	NAME	
STREET ADDRESS	1196 COROLLA AVE.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE, LABELLA	NAME	
STREET ADDRESS	1196 COROLLA AVE.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerments.			
SIGNATURE: <i>Louis P. Bella</i>		DATE: 5-22-07 352 238-1132	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Use Daytime Phone #	

66016335



04022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3742294 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

4-25-07

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STREET ADDRESS	1196 COROLLA AVE.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE, LABELLA	NAME	
STREET ADDRESS	1196 COROLLA AVE.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609	CITY-ST-ZIP	
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SIGNATURE: *Louis P. Bella* DATE: 5-22-07 352 238-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Daytime Phone #