2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am DOCUMENT # F02000002867 **Secretary of State** 1. Entity Name 03-15-2004 90040 042 ***150.00 B & F CERAMICS DESIGN SHOWROOM, INC. Principal Place of Business Mailing Address 2005 INTERNATIONAL PKWY 2005 INTERNATIONAL PKWY --FREDERICKSBURG VA 22406 FREDERICKSBURG VA 22406 2. Principal Place of Business 3. Mailing Address .45 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 54-1468088 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNIGHT, WILLIAM ----Street Address (P.O. Box Number is Not Acceptable) 1777 NÓRTHGATE BLVD., UNIT A3 SARASOTA FL 34284 NORTHGATE BIVD 8. The above named epity submits this statement for me purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of gis**je**rgá agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FICK, MICHAEL E NAME 10205 JAYDEE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FAIRFAX STATION VA 22039 CITY-ST-ZIP DS TITLE ☐ Defete TITLE Change | ☐ Addition NAME FICK, KAREN A NAME STREET ADDRESS 10205 JAYDEE BLVD. STREET ADDRESS CITY-ST-ZIP FAIRFAX STATION VA 22039 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME FICK, ROBERT W 10300-NORTH-US-98 #1471 ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 z40-386-3000