


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000007616

1. Entity Name
 LACASSE TILE INC.



Principal Place of Business Mailing Address

756 HAWTHORNE DR 756 HAWTHORNE DR
 LAKE PARK, FL 33403 LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1528733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACASSE, STEVEN M
 756 HAWTHORNE DR
 LAKE PARK, FL 33403

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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: Steven M Lacasse STEVEN M LACASSE Pres. 1-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACASSE, STEVEN M 756 HAWTHORNE DR LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSEN, JOHN T 756 HAWTHORNE DR LAKE PARK, FL 33403
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN MICHAEL LACASSE Pres. 1-11-05-561-881-8738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #