

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 012 ***150.00

DOCUMENT # P03000121673

1. Entity Name
ALL SQUARE TILE AND MARBLE, INC.

Principal Place of Business: **9072 HONEYWELL ROAD LAKE WORTH FL 33467**
 Mailing Address: **9072 HONEYWELL ROAD LAKE WORTH FL 33467**

2. Principal Place of Business: _____
 3. Mailing Address: _____

Suite, Apt. #, etc.: _____
 Suite, Apt. #, etc.: _____

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

4. FEI Number: **54-2132190** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
WILKESON, MARY
9072 HONEYWELL ROAD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
 Name: **Margaret Williams**
 Street Address (P.O. Box Number is Not Acceptable): **9140 BRANDY LANE**
9140 Brandy Lane
 City: **LAKE WORTH** FL Zip Code: **33467**

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: *Margaret Williams* DATE: **2/23/2005**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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: PD NAME: WILKESON, JOHN C STREET ADDRESS: 9072 HONEYWELL ROAD CITY-ST-ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John C. Wilkeson* **JOHN C. WILKESON** **Feb 14, 2005** **861-635-2571**

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