


FROM : ROLLER ENTERPRISES

FAX NO. : 352-375-4307

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90125 013 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000147104		
1. Entity Name BROTHERHOOD TILE & MARBLE, INC.		

Principal Place of Business 12743 SW CR 346 ARCHER, FL 32618	Mailing Address 12743 SW CR 346 ARCHER, FL 32618
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**DO NOT WRITE IN THIS SPACE**

05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0431460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

4. Name and Address of Current Registered Agent

JOSEPH, JOYCE  
3620 WEST UNIVERSITY AVE  
GAINESVILLE, FL 32607

**DO NOT WRITE IN THIS SPACE**

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 *Joseph Joyce* DATE 5/30/05

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$650.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$6.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, CLARENCE
STREET ADDRESS	12743 SW CR 346
CITY - ST - ZIP	ARCHER, FL 32618
TITLE	VP
NAME	ROBINSON, REBECCA
STREET ADDRESS	12743 SW CR 346
CITY - ST - ZIP	ARCHER, FL 32618
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(d), 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: *Clarence Robinson* DATE \_\_\_\_\_ DAY/PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR