

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 148175

1. Entity Name
CENTRAL FLORIDA TILE COMPANY OF OCALA



Principal Place of Business

PO BOX 53
1705 N E 16TH AVE
GAINESVILLE, FL 32602

Mailing Address

PO BOX 53
1705 N E 16TH AVE
GAINESVILLE, FL 32602

FILED
Apr 27, 2004 08:00 AM
Secretary of State



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0544025

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRAIG, E A
1705 N E 16TH AVE
GAINESVILLE, FL 32601

**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

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, 2004 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	PD CRAIG, E A 4818 N W 17TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRAIG, KEITH 4818 NW 17TH AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRAIG, PATRICIA S. 4818 NW 17TH PLACE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CRAIG, BRIAN D 4818 NW 17TH AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

110000133621
04/27/04-80096-015 158.75

**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(3)(f), 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 A. Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 352-376-6406
Date Daytime Phone #