

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 202128

FILED
Jan 06, 2005
Secretary of State

Entity Name: THOMPkins TILE CO., INC,

Current Principal Place of Business:

2535 EDISON AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

2535 EDISON AVENUE
FT. MYERS, FL 33901 US

Current Mailing Address:

2535 EDISON AVENUE
FT. MYERS, FL 33901

New Mailing Address:

2535 EDISON AVENUE
FT. MYERS, FL 33901 US

FEI Number: 59-0801440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPkins, LEON C.
22930 THOMPkins DR.
ALVA, FL 33820 US

Name and Address of New Registered Agent:

THOMPkins, LEON C PRES.
22930 THOMPkins DR.
ALVA, FL 33920 US

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.

SIGNATURE: LEON C. THOMPkins

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPkins, LEON C.,
Address: 22930 THOMPkins DR.
City-St-Zip: ALVA, FL

Title: STD () Delete
Name: THOMPkins, E MONA
Address: 22930 THOMPkins DR
City-St-Zip: ALVA, FL

Title: STD () Delete
Name: STAPLES, SHARON T
Address: 19013 MIAMI
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPkins, LEON C PRES.
Address: 22930 THOMPkins DR.
City-St-Zip: ALVA, FL 33920 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: STAPLES, SHARON T
Address: SLATER RD.
City-St-Zip: NORTH FORT MYERS, FL 33903 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. MONA THOMPkins

ST

01/06/2005

Electronic Signature of Signing Officer or Director

Date