2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-09-2004 90075 013 ***158.75

DOCUMENT # 271071

1. Entity Name
BONNIE TILE CORPORATION

Principal Place of Business	Mailing Address
3308 WEST 45TH STREET WEST PALM BEACH FL 33407	3308 WEST 45TH STREET WEST PALM BEACH FL 33407

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1055437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desirec ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGHES, DENNIS R 3308 W 45TH ST W PALM BEACH FL 33407	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HUGHES, DENNIS ROBERT 18729 SE LAKESIDE WAY TEQUESTA FL PRESIDENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CRISTINA LOLLI J COMPTROLLER 1861 FREDERICK SMALL ROAD JUPITER, FL. 33458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, DENNIS ROBERT ~~18729 SE LAKESIDE WAY~~ 420 MARLIN ~~TEQUESTA FL~~ CIRCLE JUPITER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMPTROLLER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS HUGHES, SUSAN ~~18729 SE LAKESIDE WAY~~ ~~TEQUESTA FL~~ FL. 33458 VICE PRESIDENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, JODY 4630 PINETREE DR DELRAY BEACH FL 33445 CORPORATE SECRETARY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: Cristina Lolli, COMPTROLLER 04/01/04 561-686-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CRISTINA LOLLI Date Daytime Phone #

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