



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 281131		
1. Entity Name PREMIER TILE TRADING CO.		

FILED  
05 JUL 20 PM 12:30

Principal Place of Business 2318 WEST COLUMBUS DRIVE TAMPA, FL 33607	Mailing Address 2318 WEST COLUMBUS DRIVE TAMPA, FL 33607
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03/14/05 90082 006 1500



2. Principal Place of Business 8205 E. Adams Dr. Suite, Apt. #, etc.	3. Mailing Address 8205 E. Adams Dr. Suite, Apt. #, etc.
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02212005 Chg-P CR2E034 (10/03)

City & State Tampa, FL	City & State Tampa, FL 33619
Zip 33619	Country

4. FEI Number 59-1095152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, FRANK L. 2318 WEST COLUMBUS DR TAMPA, FL 33607
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8205 E. Adams Dr. City Tampa FL Zip Code 33619
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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] (NOTE: Registered Agent signature required when reinstating) DATE

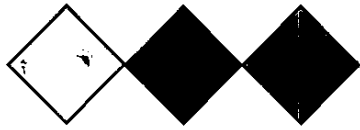
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	PD GARCIA, FRANK J. 6610 HEATHERTON CT TEMPLE TERRACE, FL 33617 <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	S GARCIA, LYNETTE 6610 HEATHERTON CT TAMPA, FL 33617 <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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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

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: [Signature] Date 7/15/05 Daytime Phone # 813-254-1072



**PREMIER**  
TILE TRADING CO.

8205 East Adamo Drive Tampa, FL 33619  
Phone: 813.251.1784 Fax: 813.251.0108

July 13, 2005

Division of Corporations  
PO box 6198  
Tallahassee, FL 32314-6198

Dear Sir or Madam:

Attached is the Annual Report for Premier Tile Trading Co. We did not receive the notice of rejection. We do show that the check originally sent in March did clear the bank in March. Please use this signed form to replace the rejected form. If there are any questions, please call.

Sincerely,

Stefanie Parrott  
Accounting Manager  
813-254-1072 ext 135