

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007098

FILED
Mar 23, 2005
Secretary of State

Entity Name: SPECIALTY TILE PRODUCTS, INC.

Current Principal Place of Business:

1700 OAKBROOK DRIVE
NORCROSS, GA 30093

New Principal Place of Business:

Current Mailing Address:

1700 OAKBROOK DRIVE
NORCROSS, GA 30093

New Mailing Address:

FEI Number: 58-1995866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: CALLOL, JOSETTE B
Address: 1287 BROOKSHIRE LANE
City-St-Zip: ATLANTA, GA 30319

Title: DS () Delete
Name: WILKES, WAYNE
Address: 5028 GRAY ROAD
City-St-Zip: DOUGLASVILLE, GA 30135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: CALLOL, JOSETTE B
Address: 1048 BYRNWYCK ROAD
City-St-Zip: ATLANTA, GA 30319

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

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: WAYNE WILKES

DS

03/23/2005

Electronic Signature of Signing Officer or Director

Date