

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003909

1. Entity Name
SHANNON BROTHERS TILE, INC.



Principal Place of Business
**1309 PUTMAN DRIVE
HUNTSVILLE, AL 35816**

Mailing Address
**1309 PUTMAN DRIVE
HUNTSVILLE, AL 35816**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0719916

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

**VAN DYKE, DAVID
104 STONEHILL DR.
MAITLAND, FL 32751**

**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 file 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**

**000000091625
03/18/04-80016-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHANNON, EDDY A
STREET ADDRESS	1309 PUTMAN DRIVE NW
CITY-ST-ZIP	HUNTSVILLE, AL 35816
TITLE	V
NAME	SHANNON, RICKY H
STREET ADDRESS	1309 PUTMAN DRIVE NW
CITY-ST-ZIP	HUNTSVILLE, AL 35816
TITLE	ST
NAME	SHANNON, BILLY W
STREET ADDRESS	1309 PUTMAN DRIVE NW
CITY-ST-ZIP	HUNTSVILLE, AL 35816
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Billy W. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Billy W. Shannon

March 16, 2004
Date

256/837-6520
Daytime Phone #