

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 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**

DO NOT WRITE IN THIS SPACE



03032005 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

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

Billy W. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Billy W. Shannon, Secretary/Treasurer

3/14/05

256/837-6520
Date Daytime Phone #