



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F51686 1. Entity Name CREATIVE TILE CONCEPTS, INC.		
Principal Place of Business 1853 TRADE CENTER WAY NAPLES, FL 34109 US	Mailing Address 1853 TRADE CENTER WAY NAPLES, FL 34109 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TRIPP, THOMAS H 4210 PEARL HARBOR DR NAPLES, FL 34112		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, NEAL 1853 TRADE CTR WAY NAPLES, FL 34109	 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AGIUS, STEPHEN 1853 TRADE CTR WAY NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOGGIN, GREG 1853 TRADE CTR WAY NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRIPP, THOMAS H 4210 PEARL HARBOR DR NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Thomas H. Tripp</u> 4-7-05 239-513-0200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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04/14/05-80103-014 150.00

**DO NOT WRITE
IN THIS SPACE**