2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004505

1. Entity Name
RHEINSCHMIDT TILE & MARBLE, INC.

Principal Place of Business	Mailing Address
1100 AGENCY ST BURLINGTON, IA 52601	PO BOX 668 BURLINGTON, IA 52601

DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1394480

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	JONES, ROBERT O JR
STREET ADDRESS	802 MAIN ST
CITY-ST-ZIP	MEDIAPOLIS, IA 52637
TITLE	P
NAME	RHEINSCHMIDT, LARRY JR
STREET ADDRESS	3109 CRYSTAL DRIVE
CITY-ST-ZIP	BURLINGTON, IA 52601
TITLE	S
NAME	CROWNER, JEFFREY S
STREET ADDRESS	2841 SUNNYSIDE AVENUE
CITY-ST-ZIP	BURLINGTON, IA 52601
TITLE	VP
NAME	RHEINSCHMIDT, DARYA
STREET ADDRESS	3109 CRYSTAL DRIVE
CITY-ST-ZIP	BURLINGTON, IA 52601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/04-80004-020 150.00

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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: Darya Rheinschmidt 5/3/04 (319) 754-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #