

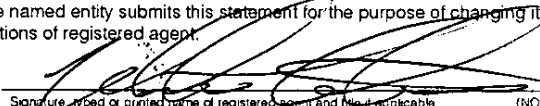
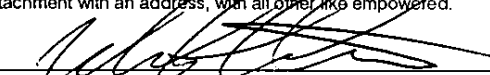


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90029 027 \*\*\*150.00

<b>DOCUMENT # G74166</b> 1. Entity Name <b>GULF COAST TILE, INC.</b>					
Principal Place of Business <b>5750 N.W. 57 COURT BELL FL 32619</b>				Mailing Address <b>5750 N.W. 57 COURT BELL FL 32619</b>	
2. Principal Place of Business <b>5750 NW 57 ct</b>		3. Mailing Address <b>Same</b>		  1st MOORE      CR2E034 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bell FLA.</b>		City & State <b>Same</b>			
Zip <b>32619</b>		Country <b>US</b>		4. FEI Number <b>59-2512317</b>	
Zip <b>32619</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COTHRON, MICHAEL 5750 N.W. 57 COURT BELL FL 32619</b>				7. Name and Address of New Registered Agent Name <b>MICHAEL Cothron</b> Street Address (P.O. Box Number is Not Acceptable) <b>5750 N.W. 57 ct</b> City <b>Bell</b> <b>FL</b> Zip Code <b>32619</b>	
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  <b>3/22/05</b> <small>Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTHRON, MICHAEL 5750 N.W. 57 COURT BELL FL 32619	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>3/22/05</b> <b>386-935-0712</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					