


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 035 ***150.00

DOCUMENT # J66401 1. Entity Name G AND R CERAMIC TILE INC.	
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Principal Place of Business 7242 DARLINGTON ST ENGLEWOOD, FL 34224 US	Mailing Address 7242 DARLINGTON ST ENGLEWOOD, FL 34224 US
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40009766



2. Principal Place of Business 99 Mark Twain Ln Suite, Apt. #, etc.	3. Mailing Address 99 Mark Twain Ln Suite, Apt. #, etc.
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01152005 Chg-P CR2E034 (10/03)

City & State Rotonda West, FL	City & State Rotonda West, FL
Zip 33947-2140	Zip 33947-2140
Country USA	Country USA

4. FEI Number 59-3302473	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GODIN, JOHN MARK 7242 DARLINGTON ST ENGLEWOOD, FL 34224	7. Name and Address of New Registered Agent Name Godin, John Mark Street Address (P.O. Box Number is Not Acceptable) 99 Mark Twain Lane City Rotonda West FL Zip Code 33947
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Godin, John Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GODIN, JOHN MARK		NAME Godin, John Mark	
STREET ADDRESS 7242 DARLINGTON ST		STREET ADDRESS 99 Mark Twain Lane	
CITY-ST-ZIP ENGLEWOOD, FL		CITY-ST-ZIP Rotonda West, FL 33947	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M Godin

1/28/05

Date

Daytime Phone #

1-941 475-7228