


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90053 003 ***150.00

DOCUMENT # L38292 1. Entity Name CARVER CERAMIC TILE & MARBLE, INC.	
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Principal Place of Business RT. 16 BOX 38956 393 NE Pauling Loop LAKE CITY, FL 32055 US	Mailing Address RT. 16 BOX 38956 393 NE Pauling Loop LAKE CITY, FL 32055 US
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393 NE Pauling Loop LAKE CITY, FL 32055



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2979176	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARVER, DONNIEHUE RT. 16 BOX 38956 393 NE Pauling Loop LAKE CITY, FL 32055
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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARVER, DONNIEHUE RT. 16 BOX 38956 393 NE Pauling Loop LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARVER, CORNELIA A RT. 16 BOX 38956 393 NE Pauling Loop LAKE CITY, FL 32055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Donniehue Carver Donniehue Carver 4/1/04 386-755-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #