

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90157 031 ***150.00

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DOCUMENT # L82058					
1. Entity Name MODERN TILE AND CARPET, INC.					
Principal Place of Business 5450 DIVISION DRIVE NORTH FORT MYERS, FL 33903 US			Mailing Address 5450 DIVISION DRIVE NORTH FORT MYERS, FL 33903 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0205931				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDEN, JOHN ROBERT 1101 NW 42ND PLACE CAPE CORAL, FL 33993			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEN, JOHN ROBERT		NAME	LINDEN, JOHN ROBERT	
STREET ADDRESS	1431 SE 29TH STREET		STREET ADDRESS	1101 NW 42ND PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL 33993	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEN, MARY-ROSE		NAME	LINDEN, MARY-ROSE	
STREET ADDRESS	1431 SE 29TH ST		STREET ADDRESS	1101 NW 42ND PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL 33993	
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CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL 33993	
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Mary-Rose Linden</i>			Date: <i>2/22/05</i>		Daytime Phone #: <i>239-936-8373</i>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #