

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

02-25-2005 90157 031 \*\*\*150.00

50019320



02102005 Chg-P CR2E034 (10/03)

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L82058</b>  |  |   |  |  |  |
| 1. Entity Name<br>MODERN TILE AND CARPET, INC.  |  |   |  |   |  |
| Principal Place of Business<br>5450 DIVISION DRIVE<br>NORTH FORT MYERS, FL 33903 US   |  |   | Mailing Address<br>5450 DIVISION DRIVE<br>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<br>65-0205931   |  |
|   |  |   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>LINDEN, JOHN ROBERT<br>1101 NW 42ND PLACE<br>CAPE CORAL, FL 33993  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  | 8. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>LINDEN, JOHN ROBERT<br>1431 SE 29TH STREET<br>CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | PD<br>LINDEN, JOHN ROBERT<br>1101 NW 42ND PLACE<br>CAPE CORAL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LINDEN, MARY-ROSE<br>1431 SE 29TH ST<br>CAPE CORAL, FL 33904 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | S<br>LINDE, MARY-ROSE<br>1101 NW 42ND PLACE<br>CAPE CORAL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>LINDEN, MARY-ROSE<br>1431 SE 29TH ST<br>CAPE CORAL, FL 33904 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | LINDE, MARY-ROSE<br>1101 NW 42ND PLACE<br>CAPE CORAL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |   |  |
| SIGNATURE <i>Mary-Rose Linden</i>   |  |   | Date <i>2/23/05</i> Daytime Phone # <i>239 936 8373</i>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  |   |  |