


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90094 014 ***150.00

DOCUMENT # L84195
1. Entity Name
SIR RAMIC PORCELAIN, INC.



Principal Place of Business Mailing Address
% MICHAEL J. GLOTFELTY % MICHAEL J. GLOTFELTY
3615 VENTURA DR. W. 3615 VENTURA DR. W.
LAKELAND, FL 33811 US LAKELAND, FL 33811 US

50033637



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3031134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOTFELTY, MICHAEL J.
3304 BRIDGEFIELD DR.
LAKELAND, FL 33803

**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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOTFELTY, MICHAEL J 3304 BRIDGEFIELD DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GLOTFELTY, RANDY W 2647 VERANDAH VUE DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Mike Colot Felty* **Mike Colot Felty** 3-28-05 863-648-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone