

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M97596

1. Entity Name

D & D TILE CO., INC.



Principal Place of Business

% WILLIAM BRUCE DIXON
1807 S. 32ND ST.
FT. PIERCE FL 34947

Mailing Address

% WILLIAM BRUCE DIXON
1807 S. 32ND ST.
FT. PIERCE FL 34947



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

65-0099206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, WILLIAM BRUCE
1807 S. 32ND ST.
FT. PIERCE FL 34947

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete

PD
DIXON, WILLIAM BRUCE
1108 JASMINE AVE.
FT. PIERCE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

D
DIXON, WILLIAM BRUCE, JR
1998 SHINN RD.
FT. PIERCE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

STD
DIXON, VONDA LEE
1108 JASMINE AVE.
FT. PIERCE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 IRO empowered.

SIGNATURE: William Bruce Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM BRUCE DIXON 4/25/05
Date

772-461-7355
Daytime Phone #