## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State

AIIIIOAE IIII OII I					Secretary or State					
DOCUMENT # P0000066831  1. Entity Name COASTAL TILE & WOOD, INC.					04-25-2005 90296 016 ***150.00					
Principal Place of Business Mailing Address										
P 0 BOX 152779 P 0 BOX 152		P 0 B0X 152779	179				500	43185	١.	
TAMPA, FL 33684-2779		TAMPA, FL 33684-2779	·	*			000	IOTO!	3	
	•	•								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	1072005 Chg-P CR2E034 (10/03)					
City & State		City & State		4. FEI Numbe	r		Ap	plied For		
					. 59-3658150 Not Applicable			t Applicable		
Zip	Country Zip Cour		Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current I		7. Name and Address of New Registered Agent							
in the same and th				Name ***						
SHAW, BILL M			Ctron	Street Address (D.O. Bay Alumbar in Not Assessable)						
	O ST, SUITE 300		Sireel	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33609-1013										
			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  9. Election Campaign Financing Trust Fund Contribution.   9 Added to										
10.	OFFICERS AND	DIRECTORS	T 11.	-	. ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE	,	7.007.107.07	0	TOLITOTATE	☐ Change	Addition	
NAME	SWANSON, GREG	L_ USIGIG	NAME					onange		
STREET ADDRESS	10712 DALTON AVE		STREET ADDRESS							
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME		☐ Delete	NAME					☐ Change	[_] Addition	
STREET ADDRESS			STREET ADDRESS							
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NAME		CO DOING	NAME					L. Villange		
STREET ADDRESS			STREET ADDRESS	Ì					3	
CITY-ST-ZIP			CITY-ST-ZIP							
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NAME		Dolate	NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
			I	1						

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: X

SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 4-20-05

Daytime Phone #