

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000070292	
1. Entity Name TILE WORLD CORPORATION	

Principal Place of Business 5126 KEENELAND CIRCLE ORLANDO, FL 32819	Mailing Address 5126 KEENELAND CIRCLE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1026214	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNEIDER, ROLAND 5126 KEENELAND CIRCLE ORLANDO, FL 32819-3146	DO NOT WRITE IN THIS SPACE
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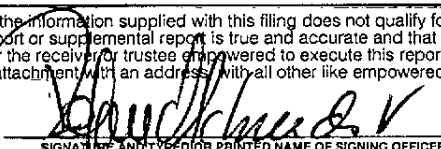
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE PTD	U000000209989 02/02/05-80061-016 150.00 DO NOT WRITE IN THIS SPACE
NAME SCHNEIDER, ROLAND	
STREET ADDRESS 5126 KEENELAND CIRCLE	
CITY-ST-ZIP ORLANDO, FL 328193146	
TITLE VD	
NAME NICHOLLS, MARIA P	
STREET ADDRESS 5126 KEENELAND CIRCLE	
CITY-ST-ZIP ORLANDO, FL 328193146	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE: 	1-31-05	407822-3890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #