


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

07-29-2005 90011 038 ***150.00

DOCUMENT # P00000096711 1. Entity Name GENE WILLIAMS TILE, INC.																																																																																																																	
Principal Place of Business 3288 MARITA AVE N PORT FL 34286			Mailing Address 3288 MARITA AVE N PORT FL 34286																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		4. FEI Number 59-3673055																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent WILLIAMS-EUGENE D 3288 MARITA AVE N PORT FL 34286				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reestablishing) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PVT</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, EUGENE D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3288 MARITA AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>N PORT FL 34286</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KIRBY, LOUIE C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1022 CRONLEY PLACE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SARASOTA FL 34237</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PVT	<input type="checkbox"/> Delete	NAME	WILLIAMS, EUGENE D		STREET ADDRESS	3288 MARITA AVE		CITY- ST- ZIP	N PORT FL 34286		TITLE	S	<input type="checkbox"/> Delete	NAME	KIRBY, LOUIE C		STREET ADDRESS	1022 CRONLEY PLACE		CITY- ST- ZIP	SARASOTA FL 34237		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u>Eugene Williams</u> _____ SIGNING OFFICER OR DIRECTOR				7-25-05 356-7043 _____ Date Daytime Phone																																																																																																													

ATTACHMENT
P000000910711

06026529

8-23-05

I'm returning my annual report with this letter stating that I never recieved the post card to send in for the annual until July. I returned the post card right away. I got the report and mailed it in right away with \$150.00.

I don't know why but I didn't get a notice until 2 months after your dead line.

Gene Williams Pres.
Gene Williams Tire Inc.