


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90143 015 ***150.00

DOCUMENT # P01000039965					
1. Entity Name WAYNE'S TILE & MARBLE INC.					
Principal Place of Business 9999 SUMMER BREEZE DR., STE 322 SUNRISE, FL 33322			Mailing Address 9999 SUMMER BREEZE DR., STE 322 SUNRISE, FL 33322		
2. Principal Place of Business 7615 NW 38 Ct.		3. Mailing Address 7615 NW 38 Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SUNRISE FLORIDA		City & State SUNRISE		4. FEI Number 65-1101404	
Zip 33351		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, WAYNE M 9999 SUMMER BREEZE DR., STE 322 SUNRISE, FL 33322			7. Name and Address of New Registered Agent Name WAYNE M. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 7615 NW 38 COURT City SUNRISE FL Zip Code 33351		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, WAYNE M 9999 SUMMER BREEZE DR., STE 322 FORT LAUDERDALE, FL 33322 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WAYNE M. WILLIAMS 7615 NW 38 COURT SUNRISE, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			5/1/05 954-559-5592		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					