


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90046 036 ***150.00

DOCUMENT # P01000044683	
1. Entity Name LIVELY'S TILE INC.	

Principal Place of Business 24521 SE HWY 450 UMATILLA, FL 32784	Mailing Address PO BOX 862 EUSTIS, FL 32727
---	---

2. Principal Place of Business 226 1/2 E. WOODWARD AVE	3. Mailing Address P.O. Box 862
Suite, Apt. #, etc.	Suite, Apt. #, etc.

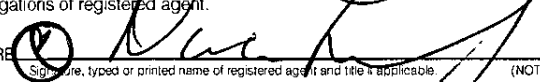
City & State EUSTIS, FLORIDA	City & State EUSTIS, FL 32727
Zip 32727	Zip 32727
Country USA	Country USA



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3717448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIVELY, DANA C 24521 SE HWY 450 UMATILLA, FL 32784	
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.

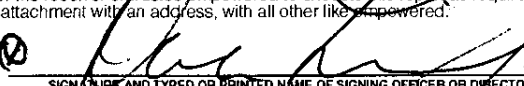
SIGNATURE  DATE **1/23/04**

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD LIVELY, DANA C 24521 SE HWY 450 UMATILLA, FL 32784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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  DATE **1/23/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment
Division of Corporations

24011165

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P01000044683
Business Entity Name	LIVELY'S TILE INC.
Original File Date	04/30/2001

FEI Number 59-3717448

Principal Address 24521 SE HWY 450
~~UMATILLA, FL 32784~~

Mailing Address PO BOX 862
EUSTIS, FL 32727

Registered Agent DANA C LIVELY
24521 SE HWY 450
UMATILLA, FL 32784

Officer/Director Name And Address

PD
DANA C LIVELY
24521 SE HWY 450
UMATILLA, FL 32784

If all of the above information is correct and
you do not wish to make any changes, please
select:

If you need to make changes to the
above information, please select:

No Changes

Make Changes

[Sunbiz Home Page](#)

[Public Access Help](#)