


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2004 90045 036 ***150.00

DOCUMENT # P01000049774 1. Entity Name SON TOUCHED TILE, INC.			
Principal Place of Business 5964 MASHIE CIRCLE NORTH PORT, FL 34287		Mailing Address 5900 S. TAMIAMU TRAIL #1 SARASOTA, FL 34231	
2. Principal Place of Business 16443 McLaury Ave.		3. Mailing Address Suite, Apt. #, etc.	
City & State Pt. Charlotte FL		City & State Suite, Apt. #, etc.	
Zip 33954 Country US		4. FEI Number 65-1104191	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S TAMIAMU TRAIL #1 SARASOTA, FL 34231		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 <u>Catherine L. Tracy</u> DATE <u>1-20-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	DPST CASEY, GEORGE A III 5964 MASHIE CIRCLE NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CASEY, GEORGE A III 16443 McLaury Avenue Pt. Charlotte, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RAFAEL R 3504 N. BENEVA RD., APT. C SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pt. Charlotte, FL 33954
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	