2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000049774 1. Entity Name SON TOUCHED TILE, INC.					Secretary of State 02-16-2004 90045 036 ***150.00				
Principal Place of Business Mailing Address									
NORTH PORT, FL 34287 #		5900 S. TAMIAMU TRAIL #1 SARASOTA, FL 34231		•	w ***			-,	
								and agreement	
2. Principal Place of Business 16443 McLAURY Ave.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082004	Chg-P	CR2E034 (10/0	3)	
P+ City & State	harlotte FL	City & State			4. FEI Number 65-1104	191	} - 1	Applied For Not Applicable	
Zip	33954 Country U.S	Zip	Country		5. Certificate of	f Status Desired	□ \$8.75 A Fee Requ		
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New F	Registered Agent.		
TRACY, CATHERINE L									
5900 S TAMIAMI TRAIL #I SARASOTA, FL 34231				Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zip C	ode	
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 Attentive L. Tracy									
Signature, typed or printed name of registered agent and trile if applicable. (NOXE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO DEE	FICERS AND DIRECTO	OBS IN 11	
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NAME	CASEY, GEORGE A III	, solution	NAME	CAS	SEY DE	Evege A	TII K		
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12. I hereby	certify that the information supplied with	true and accurate and that my	eignature chall ha	ave the	same lenal effect	as if made under	r oath∹that Lam an offi	icer or director	
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									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR