

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000090234

FILED
Sep 13, 2005
Secretary of State

Entity Name: CUSTOM SWIMMING POOL TILE, INC.

Current Principal Place of Business:

P O BOX 214
SHARPES, FL 32959

New Principal Place of Business:

Current Mailing Address:

8260 ROSALIND AVENUE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3744200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANK, BENJAMIN
8260 ROSALIND AVENUE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SHANK IV, BENJAMIN M
Address: 8260 ROSALIND AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: SHANK IV, BENJAMIN M
Address: 8260 ROSALIND AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: P () Change (X) Addition
Name: MURRAY, ANNE
Address: 8260 ROSALIND AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MURRAY

P

09/13/2005

Electronic Signature of Signing Officer or Director

Date