

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90343 049 ***150.00

DOCUMENT # P02000020123

1. Entity Name
NORTH FLORIDA TILE & MARBLE, INC.



Principal Place of Business
161 GOLDSBY ROAD #15
SANTA ROSA BCH, FL 32459

Mailing Address
161 GOLDSBY ROAD #15
SANTA ROSA BCH, FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number
41-2028692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, JAMES E
4401 W HWY 98
SANTA ROSA BCH, FL 32459

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PEARSON, JAMES E
STREET ADDRESS 4401 W HWY 98
CITY-ST-ZIP SANTA ROSA BCH, FL 32459

TITLE ☒ Change ☐ Addition
NAME 161 GOLDSBY RD
STREET ADDRESS SANTA ROSA BCH, FL 32459
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Delete
NAME MALLARY GOODE
STREET ADDRESS 161
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS GOODE, MALLARY D.
CITY-ST-ZIP 161 GOLDSBY RD
SANTA ROSA BCH, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-26-04

850 622-2707

Date

Daytime Phone #

JAMES E. PEARSON