

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000026864	
1. Entity Name ATLANTIS TILE, INC.	
Principal Place of Business 407 BRYNMAWR ISLAND BRADENTON, FL 34207	Mailing Address 407 BRYNMAWR ISLAND BRADENTON, FL 34207



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3616831	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE
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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 fee 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

U000000115389
04/16/04-80022-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGRATH, JOHN 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLDEN, DUSTIN 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAUNDERS, SCOTT 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BISHOP, KIM 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-13-04 941-416-0907
Date Daytime Phone #