2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90018 050 ***150.00

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03302004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000044580

1. Entity Name
SIMMONDS CERAMIC TILE, INC.

Principal Place of Business	Mailing Address
10481 RIVA RIDGE TRAIL ORLANDO, FL	10481 RIVA RIDGE TRAIL ORLANDO, FL

2. Principal Place of Business	3. Mailing Address
1092 Dees dr.	1092 Dees dr.
Suite, Apt. #, etc. ~~Oviedo, FL~~	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State: Oviedo, FL
Zip: 32765 Country: U.S.A.	Zip: 32765 Country: U.S.A.

4. FEI Number: 01-0655664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEW, SIMMONDS
10481 RIVA RIDGE TRAIL
ORLANDO, FL

7. Name and Address of New Registered Agent

Name: Matthew Simmonds
Street Address (P.O. Box Number is Not Acceptable): 1092 Dees dr.
City: Oviedo FL Zip Code: 32765

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 X Matt Simmonds — 4-12-04
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONDS, MATTHEW 10481 RIVA RIDGE TRAIL ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D simmonds, Matthew 1092 Dees dr. Oviedo, FL 32765	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Matt Simmonds — 4-12-04 — 407-366-8950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #