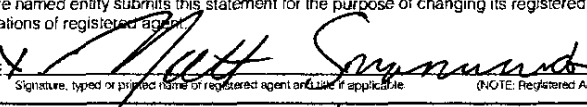


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90018 050 ***150.00

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DOCUMENT # P02000044580			
1. Entity Name SIMMONDS CERAMIC TILE, INC.			
Principal Place of Business 10481 RIVA RIDGE TRAIL ORLANDO, FL		Mailing Address 10481 RIVA RIDGE TRAIL ORLANDO, FL	
2. Principal Place of Business 1092 Dees dr. Suite, Apt. #, etc. Oviedo, FL		3. Mailing Address 1092 Dees dr. Suite, Apt. #, etc. Oviedo, FL	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32765 Country U.S.A.		Zip 32765 Country U.S.A.	
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  DATE 4-12-04 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	B simmonds, Matthew ☒ Change ☐ Addition 1092 Dees dr. Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 4-12-04 Daytime Phone # 407-366-8950	