2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0200050856 1. Entity Name KSM TILE, INC.			-	Apr 27, 2005 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address		
866 COCHR PALM BAY I	AN RD	866 COCHRAN RD PALM BAY FL 32909	-	 משון זו והשווה אינות ומופג מנועה ווועל ומופג אומה אומה וומני שומה וו והשוושה וו המשוחה וו השמוחה. ו
2. Principal Place of Business		3. Mailing Address	 _	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		- City & State		4. FEI Number 74-3045310 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Servi
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent
MELTON, KEVIN S 866 COCHRAN RD PALM BAY FL 32909				(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE Signature, typed or printed name of regislated agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD MELTON, KEVIN S 866 COCHRAN RD PALM BAY FL 32909	¯ ☐ Delete	TITLE NAME SIRFET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D FIGUEREDO, JOE 3200 DADE CR. PALM BAY FL 32905	Delete	TITLE NAME STREET ADDRESS CITY-ST 71P	U00000334573 □ Change □ Addition 04/27/05-80050-007 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-71P		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ A-tiiii.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.	☐ Delete	TITLE NAME SIREE ADDRESS CALY-ST-ZIP	☐ Change ☐ Adomic
HTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	RELE NAMÉ STREEF ADORESS CVÝ - ST- ZIP	Change Admin

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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