


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90077 018 ***150.00

DOCUMENT # P02000054407

1. Entity Name
A & L TILE INC.



Principal Place of Business
~~2306 SW 53RD TERRACE~~
~~CAPE CORAL, FL 33914~~

Mailing Address
~~2306 SW 53RD, TERRACE~~
~~CAPE CORAL, FL 33914~~

J4UJ200J

2. Principal Place of Business
1920 FOUR MILE COVE PKWY

3. Mailing Address
 Suite, Apt. #, etc.
SAME



02022004 Chg-P CR2E034 (10/03)

City & State
CAPE CORAL, FL

City & State
 City & State

Zip
33990

Country

4. FEI Number
04-3661165

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIAUKUS, LINAS N
~~2306 SW 53RD TERRACE~~
~~CAPE CORAL, FL 33314~~

7. Name and Address of New Registered Agent

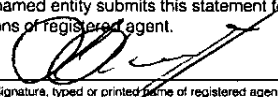
Name

Street Address (P.O. Box Number is Not Acceptable)

1920 FOUR MILE COVE PKWY

City **CAPE CORAL** FL Zip Code **33990**

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  **LINAS LIAUKUS** **4/10/04**

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

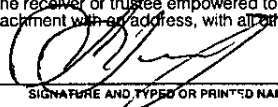
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LIAUKUS, LINAS N	2306 SW 53RD TERRACE	CAPE CORAL, FL 33914	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1920 FOUR MILE COVE PKWY	CAPE CORAL, FL 33990	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **LINAS LIAUKUS** **PRES.** **4/10/04** **239-540-7546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #