

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000055343 1. Entity Name VERSA TILE OF SARASOTA, INC.					
Principal Place of Business 3808 27TH PARKWAY SARASOTA FL 34235			Mailing Address 3808 27TH PARKWAY SARASOTA FL 34235		
2. Principal Place of Business <div style="text-align: center; font-size: 1.5em; font-family: cursive;">SAME</div>		3. Mailing Address <div style="text-align: center; font-size: 1.5em; font-family: cursive;">SAME</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MENKE, THOMAS J 9739 FRUITVILLE ROAD SARASOTA FL 34240			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <div style="font-size: 1.5em; font-family: cursive;">2-24-05</div>	
Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reinstating)</small>		Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENKE, THOMAS J		NAME	<div style="text-align: center;"> UN00000364193 05/06/05-80032-009 150.00 </div>	
STREET ADDRESS	9739 FRUITVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAKE, STEPHEN		NAME		
STREET ADDRESS	2 104 WOOD ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other line empowered.

SIGNATURE: 2-24-05

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