

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90249 024 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000072816 1. Entity Name TILE FLOORS & MORE, INC.																											
Principal Place of Business 1015 NORTH STREET LONGWOOD, FL 32750		Mailing Address 1015 NORTH STREET LONGWOOD, FL 32750																									
2. Principal Place of Business 111 LAKEN LN Suite, Apt. #, etc.		3. Mailing Address 111 LAKE LN Suite, Apt. #, etc.																									
City & State ORLANDO, FLORIDA Zip 32804		City & State ORLANDO, FLORIDA Zip 32804																									
Country USA		Country USA																									
4. FEI Number 46-0490677		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GREER, ALLEN K 1015 NORTH STREET LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) 111 LAKEN LANE City ORLANDO FL Zip 32804																									
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: <u><i>Allen K Greer</i></u> ALLEN K. GREER 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PVST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GREER, ALLEN K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1015 NORTH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	GREER, ALLEN K		STREET ADDRESS	1015 NORTH STREET		CITY-ST-ZIP	LONGWOOD, FL 32750		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>111 LAKEN LN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FLORIDA 32804</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		NAME	111 LAKEN LN		STREET ADDRESS	ORLANDO, FLORIDA 32804		CITY-ST-ZIP		
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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: <u><i>Allen K Greer</i></u> ALLEN K. GREER 4/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											