

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000073525
 1. Entity Name
BRIAN'S TILE INC.



Principal Place of Business
1816 RITA ST
SARASOTA, FL 34231

Mailing Address
1816 RITA ST
SARASOTA, FL 34231



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3654594

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PREWETT, DANIEL L
5777 BENEVA RD. SOUTH
SARASOTA, FL 34233

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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 _____ (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	PTD MOCHON, BRIAN 1816 RITA ST SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOCHON, LINDA 1816 RITA ST SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000012663
 01/26/04-80019-014 150.00

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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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda R Mochon Secretary 1-21-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #