

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092161

Entity Name: A.D.S. TILE, INC.

FILED
Jan 16, 2004
Secretary of State

Current Principal Place of Business:

513 BIRCH AVENUE SW
PALM BAY, FL 39208

New Principal Place of Business:

Current Mailing Address:

513 BIRCH AVENUE SW
PALM BAY, FL 39208

New Mailing Address:

FEI Number: 71-0902278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIANNA, ANTHONY SR.
513 BIRCH AVENUE SW
PALM BAY, FL 39208

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCIANNA, ANTHONY SR.
Address: 513 BIRCH AVENUE SW
City-St-Zip: PALM BAY, FL 39208

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: SCIANNA, ANTHONY SR.
Address: 513 BIRCH AVENUE SW
City-St-Zip: PALM BAY, FL 39208

Title: D, S () Change (X) Addition
Name: SCIANNA, DOMINIC
Address: 1014 FALCONER ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D, V () Change (X) Addition
Name: FALCONE, JAMES
Address: 1698 SUNNYBROOK LN NE #G109
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SCIANNA SR.

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01/16/2004

Electronic Signature of Signing Officer or Director

Date