


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90738 027 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000098675</b>			
1. Entity Name <b>JONES TILE, INC.</b>			
Principal Place of Business <b>2110 SOUTHWEST FOURTH AVENUE OCALA, DL 34474</b>		Mailing Address <b>POST OFFICE BOX 6531 OCALA, FL 34478</b>	
2. Principal Place of Business <b>108 E. VILLA CAPEZ CIRCLE Apt F DELAND, FL 32724 USA</b>		3. Mailing Address <b>108 E. VILLA CAPEZ CIRCLE Apt F DELAND, FL 32724 USA</b>	
04292004 Chg-P CR2E034 (10/03)			
4. FEI Number <b>03-0506564</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>JONES, PRENTISS SCOTT 2110 SOUTHWEST FOURTH AVENUE OCALA, FL 34474</b>		7. Name and Address of New Registered Agent Name <b>MARIANNE JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 E. VILLA CAPEZ CIRCLE - Apt F</b> City <b>DELAND</b> FL Zip Code <b>32724</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, PRENTISS SCOTT 2110 SOUTHWEST FOURTH AVENUE OCALA, DL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 E. VILLA CAPEZ CIRCLE - Apt F DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MARIANNE 2110 SOUTHWEST FOURTH AVENUE OCALA, DL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 E. VILLA CAPEZ CIRCLE - Apt F DELAND, FL 32724
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Marianne Jones (Pect.)</b>		Date <b>4-29-04</b> Daytime Phone # <b>386-738-7248</b>	