2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P02000106795

Entity Name: FLYNN TILE OF JACKSONVILLE, INC.

Current Principal Place of Business:

9767 IVEY ROAD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9767 IVEY ROAD
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 52-2382049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, JAMES N
9767 IVEY ROAD
JACKSONVILLE, FL 32246 US

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARD, STEVEN L
Address: 9767 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete
Name: WARD, JONATHAN W
Address: 9767 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: WARD, JACOB L
Address: 9767 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete
Name: WARD, JAMES N
Address: 9767 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WARD, JOSHUA S
Address: 9767 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES N WARD TREA 07/07/2005
Electronic Signature of Signing Officer or Director Date