

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000134563 1. Entity Name NEWBERRY TILE & MARBLE INSTALLATION, INC.	
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Principal Place of Business 1861 EXMORE AVE. DELTONA, FL 32725	Mailing Address 1861 EXMORE AVE. DELTONA, FL 32725
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3730579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEWBERRY, GREG L
1861 EXMORE AVE.
DELTONA, FL 32725**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEWBERRY, GREG L 1861 EXMORE AVE. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NEWBERRY, LINDA 1861 EXMORE AVE. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEWBERRY, SHAWN 1861 EXMORE AVE. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEWBERRY, HEATHER 1861 EXMORE AVE. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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03/07/05-80067-001 150.00

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: *Gregory Newberry* 3/1/05 386-789-1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GREGORY NEWBERRY