

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90070 020 ***150.00

DOCUMENT # P03000002764

1. Entity Name
BRUCE'S CERAMIC TILE, INC.



Principal Place of Business Mailing Address
44 BREAM ST HAINES CITY, FL 33844

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number **83-0346964** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSH, GEORGE T
205 AVE K, SE
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name **Eric Bruce**
Street Address (P.O. Box Number is Not Acceptable)
44 Bream St.
City **Haines City** FL Zip Code **33844**

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 **ERIC BRUCE PRES.** DATE **3/12/04**
(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BRUCE, ERIC	
STREET ADDRESS	44 BREAM ST	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCE, CALLIE	
STREET ADDRESS	44 BREAM ST	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Callie Bruce** **CALLIE BRUCE V.P.** DATE **3/12/04** DAYTIME PHONE # **863-439-2298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR