2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90090 005 ***150.00

DOCUMENT # P03000009407

1. Entity Name
NICHOLS TILE COMPANY

60066090

Principal Place of Business	Mailing Address
10269 US HWY 129 LIVE OAK, FL 32060	13906 HWY 90 W LIVE OAK, FL 32060

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10269 US Hwy 129 S.	13906 Hwy 90 W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, Fla.	City & State: Live Oak, Fla.
Zip: 32060 Country: Suwannee	Zip: 32060 Country: Suwannee

4. FEI Number: 80-0067458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional

6. Name and Address of Current Registered Agent

FOLSOM, LYNDA M
548 CHANBRIDGES DRIVE
JASPER, FL 32052

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________ ______
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARDEN, COLON		NAME		
STREET ADDRESS	13906 HWY 90 W		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARDEN, COLON JR		NAME		
STREET ADDRESS	10241 117TH COURT		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOLSOM, LYNDA M		NAME		
STREET ADDRESS	PO BOX 927		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Colon Harden 3-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Feb. 3. 2005 11:15AM Jordan Insurance Agency No. 6685 P. 1