## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000010990

## FILED Jun 03, 2004 8:00 am Secretary of State 05-04-2004 90130 016 \*\*\*150.00

1. Entity Name H & S TILE INC.			
Principal Place of Business	Mailing Address	with	66426161
1592 11TH ST. N.E. APT. C WINTER HAVEN, FL. 33881	1592 11TH ST. N.E. APT. C WINTER HAVEN, FL 33881		i pacilităi dii Gâlec nim Gâlii Schi Sâlii aniti likil epila 1974 litin Apilian ii 1981
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			04272004 Chg-P CR2E034 (10/03)
City & State	City & State		4. FEI Number   Applied For   Not Applicable
Zip Country 💥	Zip C	Country	Certificate of Status Desired
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent
HACKEDY, WILLIAM H			(P.O. Box Number is Not Acceptable)
175 EAST ORANGE ST. LAKE ALFRED, FL 33850		Street Address (	1593 1139 St. NE
		City de 6 am	Tio Code
		DINI	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	and title if applicable. (NOTE: Reg	pistered Agent signature required	d when reinstating) DATE
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.	OO Trust Fund Contribu	tion. D Add	ded to Fees
10. OFFICERS AND	Delete	TITLE PA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME :		NAME (J.)	ILLIAM W. STONER III
STREET ADDRESS CITY-ST-ZIP			592 - 11 <sup>79</sup> St. NE WINTER MUEN FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addillon
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
HAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  William William Statute. 14.28.04  863-299-5629			