

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 004 ***150.00

DOCUMENT # P03000037131

1. Entity Name
ACOSTA TILE, INC.



Principal Place of Business
1 CHARLES STREET
ST AUGUSTINE, FL 32084

Mailing Address
1 CHARLES STREET
ST AUGUSTINE, FL 32084

44029897



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
33-1054818
Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, BRYANT P.
1521 MASTERS DRIVE
ST AUGUSTINE, FL 32084

Name James D. Acosta

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

3 Charles St

City ST Augustine FL Zip Code 32164

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

James D. Acosta

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.12.04

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/IT/D
NAME Bryant Acosta
STREET ADDRESS 1521 Masters Drive
CITY-ST-ZIP St. Augustine, FL 32084 ☒ Delete

TITLE VP/S/D, Vice President, Sec 7, Director
NAME James D. Acosta
STREET ADDRESS 3 Charles Street
CITY-ST-ZIP St. Augustine, Fla. 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P/D - President/Director
NAME Pamela S. Acosta
STREET ADDRESS 9 Wheatfield Dr
CITY-ST-ZIP Palm Coast, FL 32164 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

James D. Acosta

Pamela S. Acosta

4.12.04

904/814-7159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #