

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90388 010 ***150.00

DOCUMENT # P03000049800



1. Entity Name
TOM POLCYN TILE INC

Principal Place of Business
**1320 ABCOTT STREET
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**1320 ABCOTT STREET
PORT CHARLOTTE, FL 33952 US**

2. Principal Place of Business
5873 Sath Miami Rd

3. Mailing Address
5873 Sath Miami Rd

Suite, Apt. #, etc.

City & State
Venice

City & State
Venice

Zip
FL 34293

Country
USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0293848

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**POLCYN, THOMAS G JR
1320 ABCOTT STREET
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name
Polcyn Thomas G JR

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

5873 Sath Miami Road

City
Venice

Zip Code
FL 34293

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
POLCYN, THOMAS G JR.
5873 S. MIAMI ROAD
VENICE, FL 34293**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 (941) 815-7303