

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90006 006 ***150.00

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1. Entity Name

WALDRON TILE WORKS, INC.



Principal Place of Business

P. O. BOX 707
ALTA FL 32421

Mailing Address

P. O. BOX 707
ALTA FL 32421

34014835



MOORE CR2E034 (11/03)

2. Principal Place of Business

20768 S.E. SHERRY AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN FL

City & State

Zip

32424

Country

Country

4. FEI Number

04-3756914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, ROBERT B
20768 SE SHERRY AVE.
BLOUNTSTOWN FL 32424

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WALDRON, ROBERT
STREET ADDRESS P. O. BOX 707
CITY-ST-ZIP ALTA FL 32421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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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:

Robert B. Waldron

2-20-04 (850) 899-0429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #