2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State DOCUMENT # P03000076735 05-04-2005 90176 002 ***150.00 CHRÍS TILLSLEY TILE, INC. Principal Place of Business Mailing Address **5042 NEPTUNE BAY CIRCLE 5042 NEPTUNE BAY CIRCLE** 50047949 ST CLOUD, FL 34769 ST CLOUD, FL 34769 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (10/03) 04262005 Chg-P Applied For 4. FEI Number 87-0704302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ひいち TILLSLEY, CASSIE Box Number is Not Acceptable) 5042 NEPTUNE BAY CIRCLE KISSIMMEE, FL 34769 The purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept 8. The above named entity subjnits this state istered **b**gent. figations of (NOTE: Registered Age 177 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fée will be \$550.00 9. Election Campaign Finance \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Addition TITLE . TILLSLEY, CASSIE NAME 5042 NEPTUNE BAY CIRCLE STREET ADDRESS STREET ADDRESS ST CLOUD, FL 34769 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Shange TILLSLEY, CHRIS NAME NAME STREET ADDRESS 5042 NEPTUNE BAY CIRCLE STREET ADDRESS CITY-ST-ZIP ST CLOUD, FL 34769 CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE 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 trusted 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. 4126 SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED