

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90265 011 ***150.00

DOCUMENT # P03000085227

1. Entity Name
DC TILE SERVICES, INC.



Principal Place of Business
**3105 17TH AVENUE WEST
BRADENTON, FL 34205 US**

Mailing Address
**3105 17TH AVENUE WEST
BRADENTON, FL 34205 US**

94076290



2. Principal Place of Business
3517 Oxford Drive West
Suite, Apt. #, etc.

3. Mailing Address
3517 Oxford Drive West
Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State
Bradenton, Florida

City & State
Bradenton, Florida

Zip Country
34205 USA

Zip Country
34205 USA

4. FEI Number
41-2105018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**THOMAS, LAWRENCE W ESQUIRE
6400 MANATEE AVENUE WEST
SUITE I
BRADENTON, FL 34209**

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**

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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARMICHAEL, DANIEL A		NAME		
STREET ADDRESS	3105 17TH AVENUE WEST		STREET ADDRESS	3517 Oxford Drive West	
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 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: D. A. Carmichael Daniel A. Carmichael 04/27/04 (941) 812-8354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #