


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90442 024 \*\*\*150.00

<b>DOCUMENT # P03000092412</b> 1. Entity Name <b>WALDRON CUSTOM TILE INC.</b>																																																																																																																																																					
Principal Place of Business <b>606 GLADIOLA DR MERRITT ISLAND, FL 32952</b>			Mailing Address <b>494 S ATLANTIC AVE APT 206 COCOA BCH, FL 32931</b>																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
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4. FEI Number <b>51-0478123</b>				Applied For Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>-6.- Name and Address of Current Registered Agent</b>   <b>WALDRON, JOHN R 494 S ATLANTIC AVE APT 206 COCOA BEACH, FL 32931</b> </div> <div style="width: 48%;"> <b>-7. Name and Address of New Registered Agent</b>  <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">City</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div> </div> </div>																																																																																																																																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																																																	
<div style="display: flex;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALDRON, JOHN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>494 S ATLANTIC AVE APT 206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCOA BCH, FL 32931</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DIP/S/T</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Waldron John R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>494 S. Atlantic Ave Apt. 206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cocoa Beh FL 32931</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	PT	<input type="checkbox"/> Delete	NAME	WALDRON, JOHN R		STREET ADDRESS	494 S ATLANTIC AVE APT 206		CITY-ST-ZIP	COCOA BCH, FL 32931					TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DIP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Waldron John R.		STREET ADDRESS	494 S. Atlantic Ave Apt. 206		CITY-ST-ZIP	Cocoa Beh FL 32931					TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.																																																																																																																																																					
<b>SIGNATURE:</b>  <b>John Waldron Pres 4/27/04</b> <b>813-1050</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					