

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90012 009 ***550.00

DOCUMENT # P03000100500

1. Entity Name
TILE INC. OF NORTHWEST FLORIDA



Principal Place of Business
**6520 SCHWAB DRIVE
PENSACOLA, FL 32504**

Mailing Address
**6520 SCHWAB DRIVE
PENSACOLA, FL 32504**

54061263



2. Principal Place of Business

350 E. BURGESS Rd.

Suite, Apt. #, etc.

3. Mailing Address

350 E. BURGESS Rd.

Suite, Apt. #, etc.

04062004

Chg-P

CR2E034 (10/03)

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

20-0239178

Applied For

Not Applicable

Zip

32503

Country

ESCAMBIA

Zip

32503

Country

ESCAMBIA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKEY, RAYMOND G
913 GULF BREEZE PKWY
SUITE 5
GULF BREEZE, FL 32561**

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

TITLE **D** ☐ Delete
NAME **CROSBY, THOMAS**
STREET ADDRESS **6520 SCHWAB DR**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ Delete
NAME **MAXWELL, DENNIS**
STREET ADDRESS **6520 SCHWAB DR**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CROSBY, THOMAS**
STREET ADDRESS **350 E. BURGESS Rd**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☒ Change ☐ Addition
NAME **MAXWELL, DENNIS**
STREET ADDRESS **350 E. BURGESS Rd**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

De [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-04 (850) 232-9564
Date Daytime Phone #