2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2005 08:00 AM Secretary of State DOCUMENT # P03000106656 1. Entity Name CHRIS JONES TILE, INC. Principal Place of Business Mailing Address 2937 EAGLES EST RD 2937 EAGLES EST RD FRUITLAND PK, FL 34731 FRUITLAND PK, FL 34731 02052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0269256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BRETT L. SWIGERT, P.A. **531 N BAY ST** EUSTIS, FL IN THIS SPACE 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 brinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D JONES, JON C MAME STREET ADDRESS 2937 EAGLES EST RD _____U00000260346 03/12/05-80021-004 158.75 CITY-ST-ZIP FRUITLAND PK, FL 34731 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: Lox

TITLE NAME STREET ADDRESS

FINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jars

FILED