2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004
Secretary of State

DOCUMENT# P03000107037

Entity Name: AGOSTINI & CRAMER TILE DISTRIBUTIONS, INC.

Current Principal Place of Business:

5595 SCHENCK AVE, STE 6
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

5595 SCHENCK AVE, STE 6
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 36-4540514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGOSTINI, GORDON R
5595 SCHENCK AVE, STE 6
ROCKLEDGE, FL 32955

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AGOSTINI, GORDON R
Address: 143 CLAIRBOURNE AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: CRAMER, THOMAS E
Address: 15233 ROYAL GEORGIAN
City-St-Zip: ORLAND PARK, IL 60462

Title: D ( ) Delete
Name: PAPE, LISA R
Address: 1592 CHAVES CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PAPE, LISA R
Address: 5192 CHAVES CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Change (X) Addition
Name: MALONEY, CELINA M
Address: 143 CLAIRBOURNE AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. CRAMER VP 09/21/2004

Electronic Signature of Signing Officer or Director — Date