


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000108254
 1. Entity Name
 TILE ON THE ISLE, INC.



Principal Place of Business Mailing Address
 824 CINCY ST 824 CINCY ST
 VENICE, FL 34285 US VENICE, FL 34285 US

DO NOT WRITE IN THIS SPACE



05162005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 73-1657717 Not Applicable

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

6. Name and Address of Current Registered Agent
 ZECH, MARK P
 824 CINCY ST.
 VENICE, FL 34285

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZECH, MARK P
STREET ADDRESS	824 CINCY ST
CITY - ST - ZIP	VENICE, FL 34285
TITLE	TREA
NAME	ZECH, DOROTHY M
STREET ADDRESS	824 CINCY ST.
CITY - ST - ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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.

SIGNATURE: Mark Paul Zech MARK PAUL ZECH 5-26-05 941-486-2243

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #