## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Aug 25, 2004 8:00 am Secretary of State DOCUMENT # P03000109022 08-25-2004 90002 017 \*\*\*150.00 1. Entity Name WEST COAST TILE & GRANITE, INC. Principal Place of Business Mailing Address 10113 - 115TH AVENUE NORTH 10113 - 115TH AVENUE NORTH LARGO, FL 33773 LARGO, FL 33773 Principal Place of Business. 3. Mailing Address 11403 Seminole Blvd 1403 Seminale Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07082004 Chg-P 4. FEI Number City & State Applied For Sëminole eminale Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STANLEY, MICHELE R Street Address (P.O. Box Number is Not Acceptable) 10113 - 115TH AVENUE NORTH LARGO, FL 33773 seminole 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 DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Stanley, Mark W. ☐ Delete TITLE TITLE STANLEY, MARK W NAME NAME 11403 seminole Bowlevard seminole, FC. 33773 STREET ADDRESS 10113 - 115TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP Stanley, Hichele Ruchange VD ☐ Delete TITLE VID TITLE STANLEY, MICHELE R NAME NAME Bowlevard ninole 10113 - 115TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \* ☐ Change ☐ Addition Delete TITLE NAME NAME \_ STREET ADDRESS 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

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