


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000109022 1. Entity Name WEST COAST TILE & GRANITE, INC.	
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Principal Place of Business 11403 SEMINOLE BLVD SEMINOLE, FL 33773	Mailing Address 11403 SEMINOLE BLVD SEMINOLE, FL 33773
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03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2129646	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STANLEY, MICHELE R 11403 SEMINOLE BLVD SEMINOLE, FL 33773	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and the if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STANLEY, MARK W 11403 SEMINOLE BLVD SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STANLEY, MICHELE R 11403 SEMINOLE BLVD SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/02/05-80045-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michele R. Stanley Michele R. Stanley 3/31/05 727-393-6591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #