## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 30, 2005 08:00 AM Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable

			· ~ / .	• ~ .		
DOCUMENT # P03000109088  1. Entity Name ERIC KAUFMAN TILE INSTALLATION, INC.			Secretary of State			
Principal Place of Business 29261 SE 180TH STREET ALTOONA, FL 32702	Mailing Address 29261 SE 180TH STREET ALTOONA, FL 32702	·				
DO NOT WE	RITE IN THIS SPA	CE	01242005	No Chg-P	CR2E034 (10/03)	

6. Name and Address of Current Registered Agent						
KAUFMAN, ERIC D 29261 SE 180TH STREET ALTOONA, FL 32702			DO NOT WRITE IN THIS SPACE			
8. The above the obligat SIGNATURE_	named entity submits this statement for the plans of registered agent.  Signature, typed or printed name of registered great and late.	Iman		egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			r		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, ERIC D 29261 SE 180TH STREET ALTOONA, FL 32702				U00000348161 05/02/05-80014-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			T			

4. FEI Number

87-0711382

5. Certificate of Status Desired

DO NOT WRITE

IN THIS SPACE

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 507, 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:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF

552-406-1099