

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000109933

FILED
Dec 06, 2004
Secretary of State

Entity Name: IAN HILES QUALITY TILE INSTALLATION INC.

Current Principal Place of Business:

1329 PEARL ST.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1329 PEARL ST.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 56-2403576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILES, IAN K OWNER
1329 PEARL ST.
NEW SMYRNA BEACH, FL 32168 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILES, IAN K OWNER
Address: 1329 PEARL ST.
City-St-Zip: NSB, FL 32168 US

Title: VP () Delete
Name: HILES, CARLA A VP
Address: 1329 PEARL ST.
City-St-Zip: NSB, FL 32168 US

Title: TREA () Delete
Name: HILES, HUNTER B TREASUR
Address: 1329 PEARL ST.
City-St-Zip: NSB, FL 32168 US

Title: SEC () Delete
Name: HILES, HOPE A SECRETA
Address: 1329 PEARL ST.
City-St-Zip: NSB, FL 32168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: HILES, HUNTER B SECRETA
Address: 1329 PEARL ST
City-St-Zip: NSB, FL 32168 US

Title: TREA (X) Change () Addition
Name: MACLEOD, MICHAEL P TREASUR
Address: 3039 ROYAL PALM DR
City-St-Zip: EDGEWATER, FL 32141 US

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: MICHAEL MACLEOD

TREA

12/06/2004

Electronic Signature of Signing Officer or Director

_____ Date