


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90045 047 ***150.00

DOCUMENT # P03000110428	
1. Entity Name SCHARF TILE, INC.	

Principal Place of Business 2550 SAN JUAN ST DELAND, FL 32724	Mailing Address 2550 SAN JUAN ST DELAND, FL 32724
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2. Principal Place of Business 1951 Lavina ST Suite, Apt. #, etc.	3. Mailing Address 1951 Lavina ST Suite, Apt. #, etc.
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City & State Deltona FL	City & State Deltona FL
Zip 32738	Country USA



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0295037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHARF, SCOTT 2550 SAN JUAN ST DELAND, FL 32724	7. Name and Address of New Registered Agent Name Scott Scharf Street Address (P.O. Box Number is Not Acceptable) 1951 Lavina ST City Deltona FL Zip Code 32738
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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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME SCHARF, SCOTT		NAME 1951 Lavina ST	
STREET ADDRESS 2550 SAN JUAN ST		STREET ADDRESS Deltona FL 32738	
CITY-ST-ZIP DELAND, FL 32724		CITY-ST-ZIP Deltona FL 32738	
TITLE PVST	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME SCHARF, SCOTT		NAME 1951 Lavina ST	
STREET ADDRESS 2550 SAN JUAN ST		STREET ADDRESS Deltona FL 32738	
CITY-ST-ZIP DELAND, FL 32724		CITY-ST-ZIP Deltona FL 32738	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Scott Scharf 1-24-05 3865746676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #