


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90001 050 ***158.75

DOCUMENT # P03000110852		
1. Entity Name JOSEPH A. DEGRANDE TILE & MARBLE, INC		

Principal Place of Business 157 CACIQUE DRIVE ST AUGUSTINE, FL 32086 US	Mailing Address 11101 N HWY 129 BRANFORD, FL 32008 US
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2. Principal Place of Business		3. Mailing Address 157 CACIQUE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST AUGUSTINE FL	
Zip 32086	Country US	Zip 32086	Country US

09212004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0343945	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BURN, NANCY J
11101 N HWY 129
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent
Name **JOSEPH A DEGRANDE**
Street Address (P.O. Box Number is Not Acceptable)
157 CACIQUE DR
City **ST AUGUSTINE FL** Zip Code **32086**

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 *X Joseph A De Grande* DATE **09-21-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGRANDE, JOSEPH A 157 CACIQUE DRIVE ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROOKSHANK, JILL 157 CACIQUE DRIVE ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ** Joseph A De Grande* 9-21-04 904-814-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
240820151

Doc. # 003000110852

To Whom This May Concern

I relied on my tax preparer, who also filed the incorporation papers for me and listed herself as a Registered Agent, to take care of the new corporation. I now find, upon seeking professional help, she has not notified us of the Uniform Business Report filing requirement. I respectfully request abatement of the late filing penalty of \$400.00 for this year's UBR.

Respectfully
Joseph A. De March
President