2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000117923

1. Entity Name
J & S TILE WORKS, INC.

Principal Place of Business	Mailing Address
1614 JACOBIN ST NW PALM BAY, FL 32907	1614 JACOBIN ST NW PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number 16-1688339	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITCHIE, SEAN D
1614 JACOBIN ST NW
PALM BAY, FL 32907

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (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	l0nnnnn290385 04/06/05-80061-009 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	P		
NAME	FITCHIE, SEAN D		
STREET ADDRESS	1614 JACOBIN ST NW		
CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
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CITY-ST-ZIP			

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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)(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: _Sean D. Fitchie_ · Sean D. Fitchie   4-4-05   759-4816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #