

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90021 028 \*\*\*150.00

**DOCUMENT # P03000118653**

1. Entity Name  
T.V.B TILE INC



Principal Place of Business  
2130 LOGSDON ST  
NORTH PORT, FL 34287

Mailing Address  
2130 LOGSDON ST  
NORTH PORT, FL 34287

2. Principal Place of Business  
**4850 Libby Court**

3. Mailing Address  
**4850 Libby Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**North Port, Florida**

City & State  
**North Port, Florida**

Zip  
**34287**

Country

Zip  
**34287**

Country

01202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**56-2415780**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BOHDANETS, ANATOLIY  
2130 LOGSDON ST.  
NORTH PORT, FL 34287

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4850 Libby Court**

City  
**North Port**

FL

Zip Code  
**34287**

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

*Anatoliy Bohdanets* **ANATOLIY BOHDANETS - PRESIDENT**

DATE  
**01.25.05**

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**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P BOHDANETS, ANATOLIY ☐ Delete  
2130 LOGSDON ST  
NORTH PORT, FL 34287

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4850 Libby Court**  
**North Port, FL 34287**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Anatoliy Bohdanets* **ANATOLIY BOHDANETS - PRESIDENT**

DATE  
**01.25.05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #