2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000119534** 03-14-2005 90103 044 ***158.75 D & R TILE, INC. Principal Place of Business Mailing Address 2925 COLLEGE PARK DRIVE 2925 COLLEGE PARK DRIVE MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 . 5002565 2. Principal Place of Business 2421 Pine NVRS Suite, Apt. #, etc. Suite, Apt. #, etc. 03062005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 56-2409622 RANGE RANG Not Applicable Country C. \$8.75 Additional 5. Certificate of Status Desired 3*2*003 Fee Required 6. Name and Address of Current Registered Agent DOPP, RICHARD T Box Number is Not Acceptable) 2925 COLLEGE PARK DRIVE MIDDLEBURG, FL 32068 Zip Code ()RANGE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Change Delete DOPP, RICHARD T NAME NAME STREET ADDRESS 2925 COLLEGE PARK DRIVE STREET AODRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ROBBINS, CHRISTOPHER L NAME STREET ADDRESS 2974SHOREWOOD STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP F- 32613 ■ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHYSTOP, REPLY ASSOCIATION, PY SECURIT 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:

FILED

Mar 14, 2005 8:00 am