


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90012 004 ***158.75

DOCUMENT # P03000119613	
1. Entity Name EXTREME TILE & MARBLE INC.	

Principal Place of Business 10679 N ACADEMY DR CITRUS SPRINGS FL 34434 US	Mailing Address 10679 N ACADEMY DR CITRUS SPRINGS FL 34434 US
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2. Principal Place of Business 10679 N. Academy Dr.	3. Mailing Address same as (2)
Suite, Apt. #, etc. Citrus Springs, FL.	Suite, Apt. #, etc.
City & State 34434 Citrus	City & State
Zip	Country



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent PORTA, MICHAEL 10679 N ACADEMY DR CITRUS SPRINGS FL 34434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTA, MICHAEL 10679 N ACADEMY DR CITRUS SPRINGS FL 34434 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Michael Porta **8/24/04** **(352) 286-2866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # P03000119613
24082397
To Whom this may concern.
I mailed out for a form when I received
my notice.

The noticed did not state anything
about any late fees.

I made a copy of the notice you
sent to me.

This will show that I complied.
in the specified dates.

Thank you, Michael Porta

IMPORTANT NOTICE

This will serve as your 60 days notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 8, 2004.

Visit our website at www.sunbiz.org for fee information.

OPTION 1 - **File Online** (recommended)



- Visit www.sunbiz.org. It's faster and easier!
 - Available 24 hours a day, 7 days a week
 - Mastercard, Visa or American Express accepted
- Free public access to the Internet is available at your local public library.

OPTION 2 - **Submit form and check by mail**



- Immediately download preprinted form from www.sunbiz.org.
 - No credit card information required
- OR
- Return attached postcard to receive form by mail
- Allow 10-14 business days for delivery