## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P03000120098** 1. Entity Name 02-26-2004 90011 035 \*\*\*150.00 FAY PERRY TILE INC. Principal Place of Business Mailing Address 412 SE. LANCASTER AVE. PORT ST. LUICE, FL 34984 412 SE. LANCASTER AVE. 54012252 PORT ST. LUICE, FL 34984 US 2. Principal Place of Business 807 SW 8<sup>th</sup> S+ 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02032004 Chg-P CR2E034 (10/03) Ap+ A City & State City & State 4. FEI Number Applied For Trenton Trenton 61-1459122 Not Applicable Country Zip Country <sup>Zip</sup>32693 \$8.75 Additional 5. Certificate of Status Desired 3a<u>6</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Karea erry PERRY, KAREN Street Address (P.O. Box Number is Not Acceptable) 412 SE. LANCASTER AVE. PORT ST. LUICE, FL 34984 City nton 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition Chance PERRY, FAY <u>NA</u>ME NAME STREET ADDRESS 412 SE. LANCASTER AVE. STREET ADDRESS CITY-ST-ZIP PORT ST. LUICE, FL 34984 CITY-ST-ZIP D Qelete TITLE Change Addition PERRY, KAREN NÄMF NAME STREET ADDRESS 412 SE, LANCASTER AVE. STREET ADDRESS CITY-ST-ZIP PORT ST. LUICE, FL. 34984 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it 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. 352-463-9267 SIGNATURE:

**FILED** 

Feb 26, 2004 8:00 am