

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90046 049 \*\*\*158.75

**DOCUMENT # P03000123744**

1. Entity Name

**QUARLES TILE COMPANY**



Principal Place of Business

**3005 FORESTBROOK DRIVE N  
LAKELAND FL 33811**

Mailing Address

**3005 FORESTBROOK DRIVE N  
LAKELAND FL 33811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0345630**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUARLES, LIBBY  
3005 FORESTBROOK DRIVE N  
LAKELAND FL 33811**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	QUARLES, HOWARD	
STREET ADDRESS	3005 FORESTBROOK DRIVE N	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATA, PAUL	
STREET ADDRESS	1376 BRAMBLEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TYRIA, DARREN	
STREET ADDRESS	1376 BRAMBLEWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quarles, Howard	
STREET ADDRESS	3005 Forestbrook Drive N	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Howard Quarles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #