

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90014 025 ***150.00

DOCUMENT # P03000124806 1. Entity Name TILE WORKS & DIRTY DEEDS INC.					
Principal Place of Business 701 SOANISH MAIN RD #557 CUDJOE KEY, FL 33042			Mailing Address P.O. BOX 421053 SUMMERLAND KEY, FL 33042		
2. Principal Place of Business 6807 CABELLO DR. Suite, Apt. #, etc.		3. Mailing Address 6807 CABELLO DR. Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL Zip 32226 Country USA		City & State JACKSONVILLE, FL Zip 32226 Country USA		4. FEI Number 27-0069336	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOZEMAN, JAMES A 701 SOANISH MAIN RD #557 CUDJOE KEY, FL 33042			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOZEMAN, DONNA M P.O. BOX 421053 CUDJOE KEY, FL 33042 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DONNA M. BOZEMAN 6807 CABELLO DR. JAX, FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BOZEMAN, JAMES A 701 SPANISH MAIN RD #557 CUDJOE KEY, FL 33042 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JAMES A. BOZEMAN 6807 CABELLO DR JAX, FL 32226 <input checked="" 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  DONNA M. BOZEMAN 24 AUG 05 (904) 327-5076 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					