2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SONATURE AND TYPED OR PHINTED MAINE OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT # P03000125115  1. Entity Name  HERCULES TILE INC.   |   |                             |   |                      |              | Jul 14, 2005 08:0<br>Secretary of S                     |                                       |                                      |                                  |                              |                               |
|---|---|-----------------------------|---|----------------------|--------------|---|---------------------------------------|--------------------------------------|----------------------------------|------------------------------|-------------------------------|
| Principal Plac  | e of Busines                            |                             | Mailir                                  | ng Address           |              | 1   | 7                                     |                                      |                                  |                              |                               |
| Principal Place of Business  23-B COLUMBIA LANE   |   |                             |   | - PO BOX 354124      |              |   |                                       |                                      |                                  |                              |                               |
| PALM COAST FL 32137   |   |                             |   | PALM COAST FL 32135  |              |   | ļ                                     |                                      |                                  |                              |                               |
|   |   |                             |   |                      |              |   |                                       |                                      |                                  |                              |                               |
| 2. Principal Place of Business  |   |                             |   | 3. Mailing Address   |              |   |                                       |                                      |                                  |                              |                               |
| Same  |   |                             |   | Same                 |              |   |                                       | MEERONT TII MMINIM IIIII Mmili Whill |                                  |                              |                               |
| Suite, Apt. #, etc.   |   |                             |   | Suite, Apt. #, etc.  |              |   |                                       | st MOORE                             | CR2E034                          | (10/04)                      |                               |
| City & State  |   |                             | City                                    | City & State         |              |   | 4. FEI Numi                           | ber 20-0376134                       | 4                                | -                            | Applied For<br>Not Applicable |
| Zip   | Zip Country                             |                             | Zip                                     | Zip Cou              |              | ıtry  | 5. Certificat                         | e of Status Desired                  |                                  | <b>\$8.75</b> A<br>Fee Requi |                               |
| 6. Name and Address of Current F  |   |                             |   | legistered Agent     |              |   | 7. Name an                            | d Address of New R                   |                                  | <u>:</u> _                   |                               |
| NUNEZ, FANNY O<br>23-B COLUMBIA LANE  |   |                             |   |                      |              | Name Street Address (P.O. Box Number is Not Acceptable) |                                       |                                      |                                  |                              |                               |
|   |   |                             |   |                      |              |   |                                       |                                      |                                  |                              |                               |
| PALM COAST FL 32137   |   |                             |   |                      |              |   |                                       |                                      |                                  |                              |                               |
|   |   |                             |   |                      |              | City  |                                       | EL Zip Code                          |                                  |                              | ode                           |
|   |   |                             |   |                      |              |   | tored agent or b                      | oth in the State of Flo              |                                  | amiliar wit                  | th and accent                 |
| 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 orbital name of registered agent and fille it applicable (NOTE. Registered Agent argular and when remarkating).  DATE   |   |                             |   |                      |              |   |                                       |                                      |                                  |                              | <u> </u>                      |
|   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ! FEE IS \$150.00           | *************************************** | 1                    |              |   |                                       |                                      |                                  | ···                          |                               |
| After May 1, 2005 Fee Will Be \$550.00  |   |                             |   |                      |              |   |                                       | 9. Election Campa<br>Trust Fund Con  |                                  |                              | 5.00 May Be<br>Ided to Fees   |
| Make Check Payable to Florida Department of   |   |                             |   |                      | 11.          | -·  | ADDITIONS                             | S/CHANGES TO OFF                     | ICEDS AND                        | DIRECTO                      | VDS IN 11                     |
| 10.   | IP .                                    | OFFICERS AND                | DIRECTO                                 | Delete Ti            |              |   | AUDITIONS                             | S/CHANGES TO OFF                     | ICEHS AND                        | Change                       |                               |
| NAME  | NUNEZ, FANNY O                          |                             |   | <u> </u>             |              | ı.<br>IE  |                                       | l transcen                           |                                  |                              | _                             |
| STREET ADDRESS  | r                                       |                             |   |                      |              | EET ADDRESS   |                                       |                                      |                                  |                              |                               |
| CITY-ST-ZIP   | PALM COAST FL 32137                     |                             |   |                      |              | 1 - S1 - ZIP  |                                       |                                      |                                  |                              | <u>50.00</u>                  |
| TUTLE   | VP                                      | A N IN INV                  | _                                       | _ Delete             |              | F   |                                       |                                      |                                  | ☐ Change                     | e                             |
| NAME<br>STREET ADDRESS  | NUNEZ, FANNÝ O<br>23-B COLUMBIA LANE    |                             |   |                      |              | NE<br>EET ADDRESS                                       |                                       |                                      |                                  |                              |                               |
| CITY-ST-ZIP   | PALM COAST FL 32137                     |                             |   |                      | -ST-ZIP      |   |                                       |                                      |                                  |                              |                               |
| DIFE  | SEC                                     |                             |   | ☐ Delete             | 7(1),        | E   |                                       |                                      |                                  | Change                       | e 🔲 Addition                  |
| NAME  | COQUIM,                                 | JOAO E                      |   |                      | - NAM        |   |                                       |                                      |                                  |                              |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   | IMBIA LANE                  | -                                       |                      | 1            | FET ADDRESS<br>F-ST-ZIP                                 |                                       |                                      |                                  |                              |                               |
| <del></del>   | TREA                                    | AST FL 32137                |   |                      |              |   |                                       |                                      |                                  | Change                       | e 🔲 Addition                  |
| TITLE<br>NAME   | COQUIM,                                 | IOAO E                      |   | ☐ Delete             | TITL         |   |                                       |                                      |                                  | ∐ Guange                     | : [ ] Vacation                |
| STREET ADDRESS  | 1                                       | IMBIA LANE                  |   |                      |              | EET ADDRESS   |                                       |                                      |                                  |                              |                               |
| CITY-ST-ZIP   | PALM COA                                | ST FL 32137                 |   |                      | CITY         | -ST-ZIP   |                                       |                                      |                                  |                              |                               |
| TITLE   |   |                             |   | ☐ Delete             | ĭΙΤ <u>Ι</u> | E   |                                       |                                      |                                  | ☐ Change                     | Addition                      |
| NAME  | Ì                                       |                             |   |                      | NAM          |   |                                       |                                      |                                  |                              |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                             |   |                      |              | EET ADDRESS<br>'- ST- Zip                               |                                       |                                      |                                  |                              |                               |
| ·   |   |                             |   | ☐ Delete             | Ja7(         |   |                                       |                                      |                                  | ☐ Change                     | Addition                      |
| TITLE<br>NAME   |   |                             |   | ri reiete            | NAN          |   |                                       |                                      |                                  | ~~                           | · IIII ) valettialt           |
| STREET ADDRESS  |   |                             |   |                      | STR          | EET ADDRESS   |                                       |                                      |                                  |                              |                               |
| CITY-ST-ZIP   |   |                             |   |                      |              | -ST-ZIP   |                                       |                                      |                                  |                              |                               |
| 12. I hereby  | certify that the                        | e information supplied with | n this filing                           | does not qualify for | r the exe    | mption stated in Stated in States                       | Section 119.07(3<br>e same legal effa | i)(i), Florida Statutes.             | l further cert<br>oath, that I a | fy that the                  | information<br>er or director |
| 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. |   |                             |   |                      |              |   |                                       |                                      |                                  |                              |                               |

EII ED

Daytime Phone #