

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90038 030 ***150.00

DOCUMENT # P03000126514					
1. Entity Name TIM THE TILE MAN, INC.					
Principal Place of Business 5810 NEAL DRIVE TAMPA, FL 33617 US			Mailing Address 5810 NEAL DRIVE TAMPA, FL 33617 US		
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 33-1074269	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCKEEHAN, TIM 5810 NEAL DRIVE TAMPA, FL 33617				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES		TITLE		
NAME	MCKEEHAN, TIM		NAME		
STREET ADDRESS	5810 NEAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE	SECR		TITLE		
NAME	MCKEEHAN, NAN		NAME		
STREET ADDRESS	5810 NEAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			TIM MCKEEHAN PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		