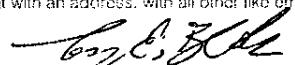


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90034 026 ***150.00

DOCUMENT # P03000129247 1. Entity Name TONY BLACK'S CERAMIC TILE, INC.					
Principal Place of Business #2 MADEIRA DR ORLANDO, FL 32825			Mailing Address #2 MADEIRA DR ORLANDO, FL 32825		
2. Principal Place of Business		3. Mailing Address		 04062004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. # etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 13-4268822				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, TONY E #2 MADEIRA DR ORLANDO, FL 32825				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be ☐ Trust Fund Contribution ☐ Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BLACK, TONY E #2 MADEIRA DR ORLANDO, FL 32825	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ 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:  Tony E. Black 4-04-2004 407-281-8300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					