

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90294 028 \*\*\*150.00

66414470



MOORE CR2E034 (11/03)

**DOCUMENT # P03000129537**  
1. Entity Name  
**JIM BLAIR TILE & MARBLE, INC.**

Principal Place of Business  
**1395 PANTHER LN STE 300  
NAPLES FL 34109**

Mailing Address  
**1395 PANTHER LN STE 300  
NAPLES FL 34109**

2. Principal Place of Business  
**2238 Mill Stream Ct.**

3. Mailing Address  
**2238 Mill Stream Ct.**

Suite, Apt. #, etc.

City & State  
**Naples FL**

City & State  
**Naples FL**

Zip  
**34109**

Country  
**USA**

Zip  
**34109**

Country

4. FEI Number  
**20-0434441**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NACKLEY, JENNIFER J ESQ.  
QUARLES & BRADY LLP  
1395 PANTHER LN STE 300  
NAPLES FL 34109**

7. Name and Address of New Registered Agent  
Name  
**James Blair**  
Street Address (P.O. Box Number is Not Acceptable)  
**2238 Mill Stream Ct.**  
City  
**Naples** FL Zip Code  
**34109**

I, 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 DATE **3-17-04**

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

8. 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 NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, JAMES E % 1395 PANTHER LN STE 300 NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blair, James E 2238 Mill Stream Ct. Naples FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 data empowered.

SIGNATURE: DATE **3-17-04**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #