## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000131542** 01-26-2004 90003 034 \*\*\*150.00 1. Entity Name SCOTT TILE INC. Principal Place of Business Mailing Address **54000467** 3709 THOMASVILLE RD 3709 THOMASVILLE RD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32309 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For <u> 20-0545</u>487 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, JERRY-E Street Address (P.O. Box Number is Not Acceptable) 7903 TALLEY ANN DR TALLAHASSEE, FL 32311 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete SCOTT, KEITH E NAME NAME STREET ADDRESS STREET ADDRESS 3709 THOMASVILLE RD. CITY-ST-ZIP CITY-S1-ZIP TALLAHASSEE, FL 32309 Deleta VΡ TITLE TITLE Change ☐ Addition TYRE, JEFF G NAME NAME STREET ADDRESS STREET ADDRESS 3451 N CARNATION CT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 Delete TITLE Change ☐ Addition TITLE NAME MCKINNEY, WILLIAM P NAME STREET ADDRESS STREET ADDRESS 9106 WAKULLA SPRINGS RD CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-71P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 1-5-04

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Atachment 103000131542

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State 54000467

January 5, 2004

SCOTT TILE INC. 3709 THOMASVILLE RD TALLAHASSEE, FL 32309 US

 SUBJECT: SCOTT TILE INC. Ref. Number: P03000131542

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 304A00000275