2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Secretary of State DOCUMENT # P03000132562 01-30-2004 90065 012 ***150.00 FREDDY VAN'T HOFF CERAMIC TILE, INC. Principal Place of Business Mailing Address 1911 TANGLEWOOD DRIVE ORANGE CITY FL 32763 1911 TANGLEWOOD DRIVE ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 25-0396960 Applied For Not Applicable Zip Country 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 Name VAN'T HOFF, FREDDY 1911 TANGLEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) ---**ORANGE CITY FL 32763** Zip Code City 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 Signatura, typed or printed name of registered agont and title if applicable, [NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17203,4 ENEDDY VAN'T HOFF TITLE TITLE ☐ Change Addition NAME NAME 1911 trugle word De De STREET ADDRESS STREET ADDRESS DRUNGE CITY &1 32763 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS .७०८०७ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE Change ☐ Addition NAME ---MALIE Downe STREET ADDRESS ራውዕሪ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition MALIF NAME STREET ADDRESS STREET ADDRESS *ᢖᡨ*७७३ CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition 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 gother reserver 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

FILED

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Feb 16, 2004 8:00 am