

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 018 ***150.00

DOCUMENT # P03000134045

1. Entity Name
WEST WIND CERAMIC TILE AND STONE, INC.



Principal Place of Business
**9001 QUAIL ROOST DRIVE
NAVARRE, FL 32566 US**

Mailing Address
**9001 QUAIL ROOST DRIVE
NAVARRE, FL 32566 US**

54007633



2. Principal Place of Business

3. Mailing Address

01262004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0400355** Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**R. LANE LYNCHARD, P.A.
8285 NAVARRE PARKWAY
NAVARRE, FL 32566**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P.D. HILGER, CHARLES R SR.**
STREET ADDRESS **9001 QUAIL ROOST DRIVE**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Delete
NAME **S.D. HILGER, MARILYN J**
STREET ADDRESS **9001 QUAIL ROOST DRIVE**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Charles R Hilger Sr.

1-26-04 850 939-8189