


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90003 049 \*\*\*158.75

<b>DOCUMENT # P03000134782</b> 1. Entity Name <b>SUNSET TILE OF NORTH FLORIDA, INC.</b>			
Principal Place of Business <b>1489 PALM COAST PKWY., NW, SUITE 5</b> <b>PALM COAST, FL 32137-4720</b>		Mailing Address <b>1489 PALM COAST PKWY., NW, SUITE 5</b> <b>PALM COAST, FL 32137-4720</b>	
2. Principal Place of Business <b>2100 Avenue A</b> Suite, Apt. #, etc.		3. Mailing Address <b>56 Bannerwood LN</b> Suite, Apt. #, etc.	
City & State <b>Flagler Beach Fla.</b>		City & State <b>Palm Coast Florida</b>	
Zip <b>32136</b>		Zip <b>32137</b>	
Country <b>Flagler</b>		Country <b>Flagler</b>	
4. FEI Number <b>542135592</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCIFO, JOHN</b> <b>1489 PALM COAST PKWY., NW, SUITE 5</b> <b>PALM COAST, FL 32137-4720</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JAGOCKI, PETER</b> <b>1489 PALM COAST PKWY., NW, SUITE 5</b> <b>PALM COAST, FL 321374720</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>56 Bannerwood LN</b> <b>Palm Coast FL 32137</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<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 like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>8-8-04</b> Daytime Phone # _____	

**54067752**



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