

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90361 011 \*\*\*150.00

4/2

**DOCUMENT # P03000135721**

1. Entity Name  
**RPT TILE, INC.**



Principal Place of Business  
**840 NEW HAMPTON WAY  
MERRITT ISLAND FL 32953**

Mailing Address  
**840 NEW HAMPTON WAY  
MERRITT ISLAND FL 32953**

**bb424228**



**MOORE CR2E034 (11/03)**

4. FEI Number  
**20-1124918**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARENCEZUK, RICHARD  
840 NEW HAMPTON WAY  
MERRITT ISLAND FL 32953**

**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**  
**Make Check Payable to Florida Department of State**

9. 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 **PRES** ☐ Delete  
NAME **SEC/TRES**  
STREET ADDRESS **RICHARD MARENCEZUK**  
CITY-ST-ZIP **840 NEW HAMPTON WAY**  
**MERRITT ISLAND FL 32953**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

*Richard Marencezuk*  
**RICHARD MARENCEZUK**

**APRIL 28, 2004**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR