


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000138094 1. Entity Name JOHNNIE CRAWFORD TILE COMPANY, INC. |  |
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| Principal Place of Business 13208 SW COUNTY ROAD 346 ARCHER, FL 32618 US | Mailing Address 13208 SW COUNTY ROAD 346 ARCHER, FL 32618 US |
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 20-0421612 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**MUTCH, SAMUEL A
2114 NW 40TH TERRACE
SUITE A-1
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000272335 03/21/05-80085-013 158.75 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JOHNNIE, CRAWFORD 13208 SW COUNTY ROAD 346 ARCHER, FL 32618 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Johnnie Crawford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Johnnie Crawford

3-15-05 **352-265-0118**
Date Daytime Phone #