


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 007 ***150.00

DOCUMENT # P03000138863

1. Entity Name
WILLIAM JENKINS CERAMIC TILE, INC.



Principal Place of Business: 311 WICKHAM COURT, LONGWOOD, FL 32779
Mailing Address: 311 WICKHAM COURT, LONGWOOD, FL 32779



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country

3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0382984

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

6. Name and Address of Current Registered Agent
LINDER, ROBERT C
501 E JACKSON STREET
SUITE 101
ORLANDO, FL 32801

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: PSTD NAME: JENKINS, WILLIAM H STREET ADDRESS: 311 WICKHAM COURT CITY-ST-ZIP: LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: JENKINS, PATRICIA A STREET ADDRESS: 311 WICKHAM COURT CITY-ST-ZIP: LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patricia Jenkins, VP Patricia Jenkins 4/20/04 407 682-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #