**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

CITY-ST-ZIP

## Feb 25, 2004 8:00 am Secretary of State DOCUMENT # P03000198873 1. Entity Name 02-25-2004 90051 048 \*\*\*158.75 RAYMOND J GRIBBIN TILE, INC. Principal Place of Business Mailing Address 2811 EASTERN PARKWAY WINTER PARK FL 32789 2811 EASTERN PARKWAY WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 20-0382 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDER, ROBERT C Street Address (P.O. Box Number is Not Acceptable) **501 E JACKSON STREET** STE. 101 ORLANDO FL 32801 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. **PVST** ☐ Delete TITLE Change Addition TITLE NAME GRIBBEN, RAYMOND J NAME STREET ADDRESS STREET ADDRESS 2811 EASTERN PARKWAY WINTER PARK FL 32789 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change D ☐ Delete TITLE GRIBBEN, RAYMOND J NAME NAME STREET ADDRESS 2811 EASTERN PARKWAY STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 AND TYPED OR PRINTED NAME

CITY-ST-ZIP 12. Thereby 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