

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90206 030 \*\*\*150.00

**DOCUMENT # P03000139457**

1. Entity Name

**DANIEL MOWREY TILE CORP**



Principal Place of Business

2625 SW 75TH ST  
520  
GAINESVILLE FL 32607

Mailing Address

2625 SW 75TH ST  
520  
GAINESVILLE FL 32607

2. Principal Place of Business

3951 n.w. 48th Terr.

3. Mailing Address

3951 n.w. 48th Terr.

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

u.s.

Zip

32606

Country

u.s.

4. FEI Number

20-0436705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (4/04)



6. Name and Address of Current Registered Agent

MOWREY, DANIEL R  
2625 SW 75TH ST  
520  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name **Mowrey, Daniel R**

Street Address (P.O. Box Number is Not Acceptable)

3951 n.w. 48th Terr.

303

City

Gainesville

FL

Zip Code

32606

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

8-1-04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

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

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MOWREY, DANIEL R  
STREET ADDRESS 2625 SW 75TH ST APT 520  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME MOWREY, DANIEL R  
STREET ADDRESS 3951 n.w. 48th Terr. Ste 303  
CITY-ST-ZIP Gainesville, FL 32606

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

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

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

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

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

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: **Daniel R. Mowrey** 8-1-04 352-219-5310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #