

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139538

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ESTES TILE INC.

## Current Principal Place of Business:

1049 OLD BIG TREE ROAD  
DAYTONA BEACH, FL 32119 US

## New Principal Place of Business:

1047 OLD BIG TREE ROAD  
DAYTONA BEACH, FL 32119 US

## Current Mailing Address:

1049 OLD BIG TREE ROAD  
DAYTONA BEACH, FL 32119 US

## New Mailing Address:

1047 OLD BIG TREE ROAD  
DAYTONA BEACH, FL 32119 US

FEI Number: 20-0427296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, TAMI  
4350 LAROSA AVENUE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

BROWN, NOEL  
1872 TAMiami TRAIL S SUITE G  
VENICE, FL 34293 US

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.

SIGNATURE: NOEL BROWN

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ESTES, JAY  
Address: 1049 OLD BIG TREE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: VP (X) Delete  
Name: LONGWORTH, MICHAEL  
Address: 1131 AVENUE F  
City-St-Zip: ORMOND BEACH, FL 32127 US

Title: S ( ) Delete  
Name: ESTES, VIVIAN  
Address: 1049 OLD BIG TREE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: ESTES, JAY  
Address: 1047 OLD BIG TREE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ESTES, VIVIAN  
Address: 1047 OLD BIG TREE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY ESTES

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date