2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000140059

Entity Name: GULF BREEZE TILE INSTALLATIONS INC.

Current Principal Place of Business:

4366 PATES ST
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

4366 PATES ST
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 26-0074727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEES, ROBERT
4366 PATES ST
PORT CHARLOTTE, FL 33948

Name and Address of New Registered Agent:

LEES, ROBERT C PRES
4366 PATES ST
PORT CHARLOTTE, FL 33948

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: ROBERT C LEES 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEES, ROBERT
Address: 4300 PATES ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD ( ) Delete
Name: COCALAS, DONALD
Address: 22003 HERNANDO AVE
City-St-Zip: PORT CHARLOTTE, FL 34286

Title: T ( ) Delete
Name: LEES, HOLLY
Address: 4366 PATES ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete
Name: COCALAS, HOMER
Address: 3481 SOUTH CHAMBERLAIN BLVD.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT C LEES PD 04/26/2004
Electronic Signature of Signing Officer or Director Date