2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 08, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P03000140 E INSTALLATION INC.	0452	i.			06-08-2005 9	-		
Principal Plac 2103 TEGNE JACKSONVILL		Mailing Address 2103 TEGNER DR JACKSONVILLE, FL 322	10						
2. Principal P	lace of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05202005	Chg-P	CR2E034	(10/03)		
City & Stat	e	City & State			4. FEI Number 30-02214	409			oplied For ot Applicable
Zip	Country	Country Zip Cou		у		Status Desired	☐ Fe	8.75 Add e Require	
ļ	6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New R	egistered Age	ant	
TO A A I A 41A			_	Name:	·				
TRAN, MIN 2103 TEGI JACKSON			-	Street Address	(P.O. Box Number	is Not Acceptable)		
			-	City			FL	Zip Code	
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its r	egistered	d office or registe	red agent, or both,	in the State of Flo	rida. I am fan	niliar with,	and accept
SIĞNATURE_	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered /	Agent signature require	d when reinstating)		DATE		
1 5	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contril			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	RECTORS	S IN 11
TIJLE	P	☐ Delete	TITLE					Change	☐ Addition
NAME.	TRAN, MINH C		NAME						
STREET ADDRESS CITY-ST-ZIP	2103 TEGNER DR		1	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-S	ST-ZIP					
TITLE	V	☐ Delete	TITLE] Change	Addition
NAME OTDEET ADDRESS	TRUONG, THANH T		NAME						
STREET ADDRESS CITY-ST-ZIP	5510 CLIFF ST JACKSONVILLE, FL 32205		STREET CITY-S	ADDRESS					
				51-ZIP					
TITLE NAME	D NGUYEN, JIMMY	☐ Delete	TITLE] Change	Addition Addition
STREET ADDRESS	8568 NORMANDY BLVD		NAME	ADDRESS					
- CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					Change	Addition
NAME		LL Velete	NAME				L.,	_ change	Addition
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
TITLE	consist.	☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ADDRESS					
			CITY-S	1-417					
TITLE		☐ Delete	TITLE				Д] Change	Addition
NAME Street address			NAME	ADDDEED					
CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP					
12. I hereby o	ertify that the information supplied with on this report or supplemental report in	h this filing does not qualify for t	1		ection 119.07(3)(i),	Florida Statutes. I	further certify	that the ir	formation

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.

GNATURE:

SIGNATURE:

SIGNA

ME OF SIGNING OFFICER OR DIRECTOR

FEI Number





Division of Corporations

Annual Report

Document Number P03000140452 **Business Entity Name** T C M TILE INSTALLATION INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

300221409

FEI Number Status	C Applied For C Not Applicable Current
Certificate of Status Desired	O Yes • No \$8.75 each
Election Campaign Financing Trust F	fund Contribution C Yes 6 No
Pri	ncipal Place of Business
	2103 TEGNER DR
Suite, Apt. #, etc.	
City, State	JACKSONVILLE , FL
Zip Code & Country	32210
	Mailing Address
Address	2103 TEGNER DR
Suite, Apt. #, etc.	
<u>-</u>	JACKSONVILLE FL
Zip Code & Country	/
	,
Name An	d Address of Registered Agent
Name (Last, First, Middle, Title)	TRAN ,MINH ,C ,
-or- RA Business Name	
Address	2103 TEGNER DR
Suite, Apt. #, etc.	
City, State	JACKSONVILLE , FL
Zip Code & Country	32210 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	Р
Name (Last, First, Middle, Title)	TRAN ,MINH ,C
-or- Entity Name	
Street Address	2103 TEGNER DR
City, State	JACKSONVILLE , FL
Zip Code & Country	32210
m'.a.	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	
Title	D
Name (Last, First, Middle, Title)	NGUYEN ,JIMMY ,, ,,
Name (Last, First, Middle, Title) -or- Entity Name	NGUYEN , JIMMY , , ,
	NGUYEN , JIMMY , , , , , , , , , , , , , , , , , ,
-or- Entity Name	
-or- Entity Name Street Address	8568 NORMANDY BLVD
-or- Entity Name Street Address City, State Zip Code & Country	8568 NORMANDY BLVD JACKSONVILLE , FL
-or- Entity Name Street Address City, State Zip Code & Country Title	8568 NORMANDY BLVD JACKSONVILLE 32221
-or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title)	8568 NORMANDY BLVD JACKSONVILLE 32221
-or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name	8568 NORMANDY BLVD JACKSONVILLE 32221
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Division of Corporations

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made with the full knowledge an forgery under s.831.06, Florida Sta	e individual "signing" this document electronically or be ad permission of the individual, otherwise it constitutes tuttes. The individual "signing" this document affirms that facts stated herein are true.
Officer/Director Signa	
Title	P
entity named above mi	above or an individual signing on behalf of an ust type their name in the 'Officer/Director'. A corporate name is not allowed in this
Zip Code & Country	
City, State	,,
Street Address	
-or- Entity Name	
Name (Last, First, Middle, Title)	
Title	
Zip Code & Country	
City, State	<u> </u>
Street Address	
-or- Entity Name	<u> </u>