2005\_FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 18, 2005 8:00 am Secretary of State DOCUMENT # P03000140631 1. Entity Name 07-21-2005 90027 038 \*\*\*150 00 **BILL WARD TILE COMPANY** Mailing Address Principal Place of Business 6506 KENNERLY ROAD JACKSONVILLE FL 32216 6506 KENNERLY ROAD JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 56-2416705 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IIII AM A. WARD CRABTREE, R.R. 8777 SAN JOSE BLVD. BUILDING A, SUITE 200 JACKSONVILLE FL 32217 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 age SIGNATURE Signature, a ped or p (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, TIPLE PO ☐ Delete TITLE ☐ Change ☐ Addition WARD, WILLIAM A SR PIALET NAME 6506 KENNERLY ROAD SIREE I ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-SI-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change Addition FOUNTAIN, BERNARD O NAME NAME STREET ADDRESS **6506 KENNERLY ROAD** STREET ADDRESS JACKSONVILLE FL 32216 CITY-51-2P CITY-SI-7IP ☐ Celete nne ☐ Change ■ Addition HILE NAME KAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP Oelete THE Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleta TITLE TITLE Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZP 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 suppliemental 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.

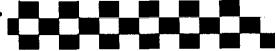
FILED

7-18-05



■ BILL WARD TILE CO.

P.O. BOX 5984 Jacksonville, Florida 32247



ATTACHMENT

(leoa5928

8/17/05

FLORIDA DEPT. OF STATE

REF P03000140631

TO WHOM IT MAY CONCERN:

I'M WRITING THIE LETTER TO REQUEST A WAIVER FOR THE LATE FEE I HAVE, FOR REASONS BEING MY 1ST YEAR INCORPORATED, I WAS UNAWARE AND NOT NOTIFIED BY THE ATTORNEY WHO SET-UP THE CORPORATION.

I AM CHANGING MY REGISTERED AGENT TO MYSELF SO THIS WILL NOT HAPPEN AGAIN!

ANY CONSIDERATION IN MATTER WILL BE GREATLY APPRECIATED.

I HOPE THE AR REPORT IS CORRECT?

THANK YOU,

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BILL WARD TILE CO. INC.