2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P03000140827 1. Entity Name 04-07-2004 90048 022 ***150.00 SCOTT BENASSI TILE, INC. Principal Place of Business Mailing Address 7947 KENNEDY LANE 7947 KENNEDY LANE 54028029 SARASOTA FL 32440 SARASOTA FL 32440 2. Principal Place of Business 3. Mailing Address 7947 KENNE SAME MOORE CR2E034 (11/03) City & State City & State Applied For SARASON Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BARNES, GARRET T ESQ. BARNES WALKER, CHARTERED 3119 MANATEE AVENUE WEST **BRADENTON FL 34205** ARASDIA 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. MICHELLE BENASSI VICE PLESI FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** TITLE ☐ Delete TITLE Change ☐ Addition NAME BENASSI, SCOTT NAME 7947 KENNEDY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 32440 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENASSI, MICHELLE NAME STREET ADDRESS 7947 KENNEDY LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 32440 CITY-ST-ZIP TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED