


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000141499	
1. Entity Name PHIL LUSTYIK TILE, INC.	

Principal Place of Business 3222 MERGANZER TRAIL ORANGE PARK, FL 32065 US	Mailing Address 3222 MERGANZER TRAIL ORANGE PARK, FL 32065 US
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03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0420128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUSTYIK, PHILIP 3222 MERGANZER TRAIL ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUSTYIK, PHILIP 3222 MERGANZER TRAIL ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC LUSTYIK, ALICE 3222 MERGANZER TRAIL ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA LUSTYIK, ALICE 3222 MERGANZER TRAIL ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/22/05-80073-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Phil Lustyik 4-20-05 904-334-7845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #