

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90034 034 ***158.75

DOCUMENT # P03000141843

1. Entity Name
TOWNSEND TILE, INC.



Principal Place of Business
RT 3 BOX 249-D
LAKE BUTLER, FL 32054

Mailing Address
RT 3 BOX 249-D
LAKE BUTLER, FL 32054

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0446843

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, JILL C
RT 3 BOX 249-D
LAKE BUTLER, FL 32054

**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 _____
Signature, typed or printed name of registered agent and title if applicable (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 DP
NAME TOWNSEND, CHARLES W JR
STREET ADDRESS RT 3 BOX 249-D
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE TSD
NAME TOWNSEND, JILL C
STREET ADDRESS RT 3 BOX 249-D
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE
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CITY-ST-ZIP

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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)(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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-2005 (352) 336-0800
Date Daytime Phone #

CHARLES W. TOWNSEND, JR.