

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000142212

Entity Name
CORNISH TILE, INC.



Principal Place of Business
**10015 NE 81 ST
GAINESVILLE, FL 32609**

Mailing Address
**10015 NE 81 ST
GAINESVILLE, FL 32609**



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0403624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORNISH, ROBERT L
10015 NE 81 ST
GAINESVILLE, FL 32609**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CORNISH, ROBERT L 14988 NE HIWAY 301 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CORNISH, DAVID W 5923 NE 78 LANE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST NEUFELD, RYAN S 10015 NE 81 ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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09/07/05-80008-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Cornish **Robert J Cornish** 9/30/05