

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142916

FILED  
Aug 19, 2004  
Secretary of State

**Entity Name:** FANTASY TILE OF NW FLORIDA INC.

**Current Principal Place of Business:**

9482 E RIVER DR  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

9482 E RIVER DR  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 20-0450145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBY, JOHN CLARK  
9482 E RIVER DR  
NAVARRE, FL 32566

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JACOBY, JOHN CLARK  
Address: 9482 E RIVER DR  
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: SEITZ, CHARLES SHAWN  
Address: 901-1 PEIDMONT PLACE  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHARLES SHAWN SEITZ

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08/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date