

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90002 017 ***150.00

DOCUMENT # P03000143694

1. Entity Name
JEFF HALPIN TILE AND MARBLE INSTALLATION, INC.



Principal Place of Business

**4952 HABANA DR
SARASOTA, FL 34235**

Mailing Address

**4952 HABANA DR
SARASOTA, FL 34235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



07082004

Chg-P

CR2E034 (10/03)

4. FEI Number

28-0462834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALPIN, JEFF C
4952 HABANA DR
SARASOTA, FL 34235**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HALPIN, JEFF C
4952 HABANA DR
SARASOTA, FL 34235** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Attachment
24085284
jim gay, cpa

3984 Manatee Avenue East
Bradenton, FL 34208
jimgaycpa.com

Member American Institute
of Certified Public
Accountants

Phone: (941) 747-0588

Fax (941) 747-2569

Member Florida Institute
of Certified Public
Accountants

Aug 11 8, 2004

Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Jeff Halpin Tile & Marble Installations, Inc
DOC: P03000143694

To whom it may concern,

This letter is to explain the taxpayer's position in this situation; they just received a notice to dissolve their corporation. The taxpayer just formed his corporation at the end of 2003, and did not know what to expect in the area of filing and fees. I know that historically, you send out the first notice in January, and a notice of delinquency if it has not been received by May 1st, but they do not remember seeing any of that at this point. I know you also changed the format in which the forms were sent out this year, and it seems that quite a few people did not realize that the card was the replacement of the normal UBR form.

Please consider the abatement of the reinstatement fee and accept the payment of \$150.
Thank you for your assistance in this matter.

Sincerely,

Jim Gay
Jim Gay, CPA

Acknowledged: *[Signature]*
Jeff Halpin, President