## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 20, 2005 8:00 am Secretary of State

		7,111		. •				. k	occi cu	<b>11 y</b>	$\mathbf{U}\mathbf{I}$	raic
OCUMENT # P03000144223  1. Erthy Name CALDWELL TILE AND STONE INC.								- -	04-18-2005	-		
Original Plans	- I D. einee	-	Mailin			<u> </u>						
Principal Place of Business 346 BH REDDICK-ROAD ' BRUCE, FL 32455				Mailing Address  146 BH REDDICK ROAD								
2. Principal P	lace of Busin	ness	3. Ma	1. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			•	03182005	Chg-P	CR2E	034 (10/03)	
City & State			City	City & State				4. FEI Numbe	043155	8	<b>——</b>	oplied For at Applicable
Zip		Country	Zip	Zip Count					of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curre	nt Register	ed Agent				7. Name and	Address of New Re	gistered	Agent	
		<del>-</del> •		. • • •		Name			,	~		
CALDWELL, RUSSELL E 10482 COUNTY ROAD 3280 — — — — PONCE DELEON, FL 32455						Street Add	ress (	P.O. Box Numbe	r is Not Acceptable	)		
						City		<u> </u>	<del>_</del>		Zip Coo	<u>.</u>
_										Fl	- 2500	
8. The above named antity 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 remaining) DATE												<del></del>
		<del>,</del>		9. Election Campa								
After M	E NOWIII ay 1, 200	FEE IS \$150.00 IS Fee will be \$55		00 May Be ed to Fees								
10.		OFFICERS A	ND DIRECTO	ORS	11,			ADDITIONS/	CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11
TITLE	PS Delete In					£					Change	Addition
NAME	CALDWE	<b>€</b>  ∙										
STREET ADDRESS						ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	VP VP			<del> </del>			[] (harra	<b>———</b>				
TITLE NAME	1 ''	.	٧P	<b>'/</b> T			Change	Addition Addition				
STREET ADDRESS	EMMONS, COLIN DELANO RESS   146 BH REDDICK ROAD				NAA STR	ET ADDRESS						
CITY-ST-ZIP	BRUCE,			-ST-ZIP								
TITLE	T		•	x⊊ Deleta	m	E					Change	Addition
NAME	HOPKINS, TIMOTHY DEWAYE						_		_			
STREET ADDRESS CITY+ST-ZIP	1	REDDICK ROAD FL 32455				-ST-ZIP				•		•
TITLE	] "			☐ Delete	וווו	- I					Change	☐ Addition
NAME .					NAM	E						_
CATY-ST-ZIP					CITY	-ST-ZIP			· 			
TITLE				☐ Delete	בולוו						Change	Addition
NAME	}				HAM	· 1						
STREET ADDRESS CITY-ST-ZIP					1	EET ADORESS ST-ZIP						
TITLE	<del> </del> -			☐ Deleta	m	<u> </u>					[] Change	Addition
NAME					NAM	e	-					
STREET ADDRESS	l				STRE	EET ADORESS						
CITY-ST-ZIP	<u> </u>				CITY	-S1-ZIP				_		
12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eaity 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 Statutas; and that my name appears in Block 10 of Block 11 if												
changed, or on an attachment with an address, with all other like empowered.												
SIGNAT	UKE:	SIGNATURE AND TYPED	OR PRUSTED NA	ME OF FIGHENG OFFICER	OA DIAEC	TOR			Oeto		Daysma Phone 6	······