


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90042 023 ***150.00

DOCUMENT # P03000144671 1. Entity Name CID'S TILE, INC.					
Principal Place of Business 3338 CLOVERPLACE DR PALM HARBOR, FL 34684			Mailing Address 3338 CLOVERPLACE DR PALM HARBOR, FL 34684		
2. Principal Place of Business 581 LONGWOOD CT. Suite, Apt. #, etc.			3. Mailing Address 581 LONGWOOD COURT Suite, Apt. #, etc.		
City & State OLDSMAR, FL			City & State OLDSMAR, FL		
Zip 34677		Country U.S.A.		Zip 34677	
Country U.S.A.		4. FEI Number 20-0456444			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FERREIRA, VALERIA T 3338 CLOVERPLACE DR PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name VALERIA T. FERREIRA Street Address (P.O. Box Number is Not Acceptable) 581 LONGWOOD CT. City OLDSMAR FL Zip Code 34677		
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: <i>[Signature]</i> 3/23/05 <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, VALERIA T 3338 CLOVERPLACE DR PALM HARBOR, FL 34684 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALERIA T. FERREIRA 581 LONGWOOD CT. OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSA, CID M 3338 CLOVERPLACE DR PALM HARBOR, FL 34684 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CID M. ROSA 581 LONGWOOD CT. OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> 3/23/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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