

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000148005

1. Entity Name  
SERENITY TILE SERVICE, INC.



Principal Place of Business  
8424 N. OLA AVE  
TAMPA, FL 33604

Mailing Address  
8424 N. OLA AVE  
TAMPA, FL 33604

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04282004      Chg-P      CR2E034 (10/03)

4. FEI Number  
59-3371017      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

ROTHENBUSCH, ROBERT  
8424 N. OLA AVE  
TAMPA, FL 33604

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.            \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBUSCH, ROBERT		NAME	
STREET ADDRESS	8424 N. OLA AVE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBUSCH, RYAN		NAME	
STREET ADDRESS	8424 N. OLA AVE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----		NAME	
STREET ADDRESS	-----		STREET ADDRESS	
CITY-ST-ZIP	-----		CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----		NAME	
STREET ADDRESS	-----		STREET ADDRESS	
CITY-ST-ZIP	-----		CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	-----		STREET ADDRESS	
CITY-ST-ZIP	-----		CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----		NAME	
STREET ADDRESS	-----		STREET ADDRESS	
CITY-ST-ZIP	-----		CITY-ST-ZIP	

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:** Ron Rattner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04      (813) 748-4925

Date

Daytime Phone #