

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90038 012 ***150.00

DOCUMENT # P03000149515



*1. Entity Name

PAUL NEMETZ TILE INC

Principal Place of Business

**3338 PINEHURST DR
HOLIDAY FL 34691**

Mailing Address

**3338 PINEHURST DR
HOLIDAY FL 34691**

2. Principal Place of Business

3338 Pinehurst Dr

Suite, Apt. #, etc.

3. Mailing Address

3338 Pinehurst Dr.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Holiday FL

Zip

34691

Country

USA

City & State

Holiday FL

Zip

34691

Country

USA

4. FEI Number

200480112

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEMETZ, PAUL
3338 PINEHURST DR
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

Name **Paul Nemetz**
Street Address (P.O. Box Number is Not Acceptable)
3338 Pinehurst Dr.

City **Holiday**

FL

Zip Code

34691

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

Paul Nemetz

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NEMETZ, PAUL**
STREET ADDRESS **3338 PINEHURST DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

Date

(727) 847-6539

Daytime Phone #