APPROVED AND FILED

9/7/2005-90012-014-$158.75-$158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 OCT 14 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000151408

1. Entity Name
IN LINE TILE INC.

Principal Place of Business	Mailing Address
22465 MADELYN AVENUE PORT CHARLOTTE, FL 33954 US	22465 MADELYN AVENUE PORT CHARLOTTE, FL 33954 US
2. Principal Place of Business: 22465 Madelyn Ave	3. Mailing Address: Same
Suite, Apt. #, etc.: Same	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07202005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0482297 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PLATZ, ROBERT
22465 MADELYN AVENUE
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

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 Robert E Platz Robert E Platz 9/01/05
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 7, 2005

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	D.P PLATZ, ROBERT 22465 MADELYN AVENUE PORT CHARLOTTE, FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLATZ, CHERESE 22465 MADELYN AVENUE PORT CHARLOTTE, FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

K. Eckel OCT 18 2005

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: Robert E Platz sept 1, 2005 (941) 286-7748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #