


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90045 047 ***150.00

DOCUMENT # P03000151929	
1. Entity Name JENNIFER LANGE TILE INSTALLATION, INC.	

Principal Place of Business 25921 EUFAULA WAY MT PLYMOUTH, FL 32776	Mailing Address 25921 EUFAULA WAY MT PLYMOUTH, FL 32776
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40010109



2. Principal Place of Business 29311 SE 180th St	3. Mailing Address 29311 SE 180th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01232005 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL
Zip 32700	Zip 32700
Country Marion	Country Marion

4. FEI Number 20-0503407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGE, JENNIFER L 25921 EUFAULA WAY MT PLYMOUTH, FL 32776 <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	D GREENELSH, RICHARD L 25921 EUFAULA WAY MT PLYMOUTH, FL 32776 <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
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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: Jennifer Lange, President **2/1/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #