

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000152445

1. Entity Name

MANN TILE, INC.



Principal Place of Business

8137 ALAM AVE.  
NORTH PORT FL 34287  
US

Mailing Address

8137 ALAM AVE.  
NORTH PORT FL 34287  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

Zip

Country

Zip

Country

4. FEI Number

20-0491750

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

MANN, ROBERT W  
8137 ALAM AVE.  
NORTH PORT FL 34287

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
MANN, ROBERT W  
8137 ALAM AVE.  
NORTH PORT FL 34287 ☐ 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  
10000028/2005  
02/30/05-00053-0005 158.75

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ Delete

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

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TITLE  
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CITY, ST, ZIP ☐ Change ☐ Addition

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CITY, ST, ZIP ☐ Delete

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STREET ADDRESS  
CITY, ST, ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY, ST, ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ Change ☐ 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:

Robert W. Mann (President)

3/19/05

941 852358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #