


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90004 023 \*\*\*155.00

<b>DOCUMENT # P03000154437</b> 1. Entity Name PRECISION TILE OF RIVERVIEW, INC.					
Principal Place of Business 11120 CHURCH DRIVE RIVERVIEW, FL 33569 <i>11120 Church DR.</i>			Mailing Address 11120 CHURCH DRIVE RIVERVIEW, FL 33569		
2. Principal Place of Business Suite, Apt. #, etc. <i>RIVERVIEW FL</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>030533793</i>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
Zip <i>33569</i>		Country <i>HILLSBORO</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, ROBERT 2901 W. BUSCH BLVD. SUITE #1005 TAMPA, FL 33618				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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	OWNER LAWRENCE P. WILLIAMS 11120 Church DR RIVERVIEW FL 33569		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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Lawrence P. Williams</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9-4-4 Date		813-677-3142 Daytime Phone #

54072078



Attachment

54072078

#P03000154437

Precision Tile  
11120 Church Drive  
Riverview, Florida 33569  
(813)677-3142

8-21-4

DEAR SIR:

I'm sorry BUT I NEVER  
RECEIVED THE FIRST NOTICE.

I'm sending what your DEPT TOLD me  
TO SEND WITH THIS LETTER.

Sincerely Larry Williams  
Precision Tile of Riverview, Inc.