## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90067 041 \*\*\*150.00 **DOCUMENT # P03000157422** 1. Entity Name POOL TILE DESIGN, INC. [14] 1 · 1 · 1 Principal Place of Business Mailing Address 4979 TINKHAM AVE. 4979 TINKHAM AVE. ORLANDO, FL 32812 ORLANDO, FL 32812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0543375 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELEY, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 4979 TINKHAM AVE. ORLANDO, FL 32812 City 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE Change WHEELEY, JOSEPH M NAME NAME STREET ADDRESS 4979 TINKHAM AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32812 TITLE ☐ Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition THE F TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 3-15-05

SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #