

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State

04-29-2004 90281 037 ***150.00

DOCUMENT # P04000000238 1. Entity Name S.B. TILE, INC.			
Principal Place of Business 4619 SUNTREE BLVD. ORLANDO, FL 32817 US		Mailing Address 4619 SUNTREE BLVD. ORLANDO, FL 32817 US	
2. Principal Place of Business S.B. Tile, Inc. Suite, Apt. #, etc.		3. Mailing Address 4619 Suntree Blvd. Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32817		City & State Orlando, FL Zip 32817	
Country USA		Country USA	
4. FEI Number 80-1092300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETTERMAN, SEAN 4619 SUNTREE BLVD. ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Sean Betterman Street Address (P.O. Box Number is Not Acceptable) 4619 Suntree Blvd. City Orlando FL Zip Code 32817	
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 S. B. A. DATE 6/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BETTERMAN, SEAN STREET ADDRESS 4619 SUNTREE BLVD. CITY-ST-ZIP ORLANDO, FL 32817	<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: Sean Betterman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6/4/04 Daytime Phone # 321-246-1190	

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