

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90160 012 ***158.75

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1. Entity Name

ROWE TILE INCORPORATED



Principal Place of Business

36098 ALDINGTON DR.
JACKSONVILLE FL 32210

Mailing Address

36098 ALDINGTON DR.
JACKSONVILLE FL 32210

2. Principal Place of Business

3609 Aldington Dr

3. Mailing Address

3609 Aldington Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32210

Country

USA

Zip

32210

Country

USA

6. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R
712 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD ☐ Delete

NAME ROWE, IRA JAMES SR.
STREET ADDRESS 3609 ALDINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VD ☐ Delete

NAME ROWE, MICHAEL D
STREET ADDRESS 3609 ALDINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE STD ☐ Delete

NAME ROWE, JOYCE RACHEL
STREET ADDRESS 3609 ALDINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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.

SIGNATURE

Joyce R. Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05
Date

904 772 9174
Daytime Phone #

90-0200793
IS our new
FEI number