2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P04000001672 1. Entity Name RICHARD TURNER TILE & STONE INSTALLATION, Principal Place of Business Mailing Address 3361 WORTHINGTON AVE NORTH PORT FL 34286 3361 WORTHINGTON AVE NORTH PORT FL 34286 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #. etc CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 51-0494701 Not Applicable Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 3361 WORTHINGTON AVE NORTH PORT FL 34286 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 Squatcre, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition hité ☐ Delete Title TURNER, RICHARD F NAME NAME U00000329904 04/25/05-60140-002 150.00 STREET ADDRESS 3361 WORTHINGTON AVE STREET ADDRESS CITY ST-ZIP NORTH PORT FL 34286 CITY ST-ZIP ☐ Change Addition THILE ☐ Deiete TURNER, PENNY J NAME NAME STREET ADDRESS STREET ADDRESS 3361 WORTHINGTON AVE NORTH PORT FL 34286 ÇIT∀-ST-ZIP City-St ZiP Detete ☐ Change Addition HILE TIBLE NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST-ZIP Change HILE ☐ Delete July F Addition NAME NAM-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHT-ST-ZP ☐ Change ☐ Addition ULE ☐ Delete TOLLE NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP SITY SI-ZIP Change Addition ☐ Delete DIEE Julie: NAME MAM! STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(t). 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 a statutes, with all other like empowered.

SIGNATURE:

FILED