## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 28, 2005 08:00 AN **Secretary of State**

DOCUMENT # P0400003291  1. Entity Name TEUBER TILE INSTALLATION INC.		
Principal Place of Business 2230 OAKLYN STREET NE PALM BAY, FL 32907	Mailing Address 2230 OAKLYN STREET NE PALM BAY, FL 32907	

01232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0536519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEUBER, STANLEY A DO NOT WRITE 2230 OAKLYN STREET NE PALM BAY, FL 32907 IN THIS SPACE 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 little if applicable DATE (NOTE, Registered Agent's gnature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TEUBER, STANLEY A NAME 2230 OAKLYN ST., NE STREET ADDRESS PALM BAY, FL 32907 Hindonn246245 CITY ST ZIP 32/39/05-80060-003 1**50.00** TITLE NAME STREET ADDRESS DJTY - ST - ZIP TITI F STREET ADDRESS DO NOT WRITE CUTY ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City St. 7IP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE STREET ADDRESS CITY - ST - TEAP

12. Thereby certify that the information supplied with this filling 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:

SHORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FeB 25 05

Daytime Phone #