2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2005-90036-038-$75.00-$75.00

DOCUMENT # P04000004438

1. Entity Name
C.A. HUNT TILE, INC.

FILED
05 OCT 13 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1694 BLACKJACK RD
MIDDLEBURG, FL 32068

Mailing Address
1694 BLACKJACK RD
MIDDLEBURG, FL 32068

09072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7525 Townsend Rd	7525 Townsend Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX, FL	City & State: JAX, FL
Zip: 32244 Country:	Zip: 32244 Country:

4. FEI Number: 14-1900880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNT, CHRISTOPHER
1694 BLACKJACK RD
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent
Name: Christopher A. Hunt
Street Address (P.O. Box Number is Not Acceptable): 7525 Townsend Rd
City: JAX, FL Zip Code: 32244

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, CHRISTOPHER 1694 BLACKJACK RD MIDDLEBURG, FL 32068 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hunt, Christopher 7525 Townsend Rd. JAX, FL 32244 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Christopher A. Hunt Sep. 6, 2005 (904) 412-6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #