

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 015 ***150.00

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1. Entity Name

BOBBY DEAN TILE, INC.



Principal Place of Business

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

Mailing Address

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

2. Principal Place of Business

457 S. ROSCOE BLVD EXT
Suite, Apt. #, etc.

3. Mailing Address

457 S. ROSCOE BLVD EXT
Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH FL

City & State

PONTE VEDRA BEACH FL

Zip
32082

Country
US

Zip
32082

Country
US

4. FEI Number

03-0533478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, BOBBY
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

7. Name and Address of New Registered Agent

Name BOBBY DEAN
Street Address (P.O. Box Number is Not Acceptable)
457 S. ROSCOE BLVD EXT
City PONTE VEDRA BEACH FL Zip Code 32082

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)

3/23/05
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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME DEAN, BOBBY
STREET ADDRESS 457 S. ROSCOE EXT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 (904)626-2105
Date Daytime Phone #