


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90092 001 ***150.00
 04-13-2005 90092 002 *****8.75

DOCUMENT # P04000006013

1. Entity Name
ORS TILE COMPANY



Principal Place of Business
**1810 W CRAWFORD ST
 TAMPA FL 33604
 US**

Mailing Address
**1810 W. CRAWFORD ST
 TAMPA FL 33604
 US**

2. Principal Place of Business
9122 Whispering Willow Way
 Suite, Apt. #, etc.
Tampa, Fl.

3. Mailing Address
9122 Whispering Willow Way
 Suite, Apt. #, etc.

City & State
33614
Tampa, Fl.


City & State
Tampa, Fl.

Zip
33614

Country
Hillsborough

Zip
33614

Country
Hillsborough



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**ORS, ROLAND
 1810 W CRAWFORD ST
 TAMPA FL 33604**

4. FEI Number
20-0575973

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Yvonne D. Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
9122 Whispering Willow Way
 City **Tampa** **FL** Zip Code **33614**

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 Yvonne D. Gonzalez **Yvonne D. Gonzalez** **vs** **4/1/05**
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 P	<input type="checkbox"/> Delete
NAME ORS, ROLAND	
STREET ADDRESS 1810 W CRAWFORD ST	
CITY-ST-ZIP TAMPA FL 33604	
TITLE VS	<input type="checkbox"/> Delete
NAME GONZALEZ, YVONNE	
STREET ADDRESS 9122 WISPERING WILLOW WAY	
CITY-ST-ZIP TAMPA FL 33614	
TITLE V	<input type="checkbox"/> Delete
NAME GONZALEZ, DANIEL B	
STREET ADDRESS 9122 WISPERING WILLOW WAY	
CITY-ST-ZIP TAMPA FL 33614	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Yvonne D. Gonzalez **Yvonne D. Gonzalez** **4/1/05** **813-262-1687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #