2004 FOR PROFIT CORPORATION ANNUAL REPORT (AD)

9/3/20

## FILED Sep 15, 2004 8:00 am Secretary of State

						Secretary of State						
DOCUI	•	# P040000610	5						•	02 034 *		
CREATIVE	E TILE &	MARBLE INC.										
Principal Place	e of Busines:	3	Mailing Address	_				o n				
933 DIXIE M			933 DIXIE MAID LANE			66433699						
VALRICO FL	. 33394		VALRICO FL 33594			·	I BILLERY ALL BERNI DE	II NA SIT			M M	11 R GAT
2. Principal P	<u> </u>	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE		CR2E03	34 (11/03	n)		
City & State	<b>9</b> - F		City & State			4. FEI Num	ber 34-	197	789	3	+	lied For Applicable
Zip	1	Country	Zip	Country		5. Certificat	te of Status (	Desired		<b>\$8.75</b> Fee Red		ional
	6. Name	and Address of Current F	legistered Agent	No		7. Name ar	d Address	of New i	Registere	d Agent		
. WIT	TE, KERF	V i		Narr	<u> </u>	• •		• :				· ·
933	DIXIE M	AID LANE	The second secon		rt Address (	P.O. Box Num	ber is Not'A	cceptabl	e) ====================================	<u> </u>		
VAL	RICOFL	33594										
				City			<del></del>			I Zin	Code	
		v	<del> </del>						F	<u> </u>		
	named entitions of regist		the purpose of changing its r	registered offic	e or register	ed agent, or b	xoth, in the S	tate of FI	onda. ra	m familier v	Man, e	nd accept
OIOSIATI IDE	4	• •										
SIGNATURE.	Signature, typed	or present name of registered agent a	nd bile if applicable. (NOTE	: Regulared Agent s	Quature required	when reinstating)			DATE	<u> </u>		<del></del>
		II FEE IS \$150.00					Election Carr	naion Fi	nancino		5.00	May Be
		04 Fee will be \$550.00 o Florida Department of	State			1	Trust Fund C	-	_			o Fees
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12. I hereby 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 eath; 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 altachment with an address, with all other like empowered.

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SIGNATURE AND DYDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-04

813-918-8067

Date

Daytene Phone #