

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 11, 2005 8:00 am
Secretary of State**

04-11-2005 90184 028 ***150.00

DOCUMENT # P04000007587



1. Entity Name
TILES BY JULIANNE, INC.

Principal Place of Business
3617 CROWN POINT ROAD, SUITE #2
JACKSONVILLE, FL 32257

Mailing Address
3617 CROWN POINT ROAD, SUITE #2
JACKSONVILLE, FL 32257

2. Principal Place of Business
7316 POINCIANA AVE

Suite, Apt. #, etc.
Suite, Apt. #, etc.

3. Mailing Address
7316 POINCIANA AVE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32217

Country
US

Zip
32217

Country
US

50036173



03292005 Chg-P CR2E034 (10/03)

4. EEI Number
20-0543595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH ALLEN
3617 CROWN POINT ROAD, SUITE #2
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
FRANCES JULINE SHREVES

Street Address (P.O. Box Number is Not Acceptable)

7316 POINCIANA AVE

City
JACKSONVILLE FL

Zip Code
32217

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 *Frances J. Shreves*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHREVES, FRANCES JULINE PO BOX 24668 JACKSONVILLE, FL 322414668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7316 POINCIANA AVE JACKSONVILLE FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRINGLE, MARK STUART PO BOX 24668 JACKSONVILLE, FL 322414668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7316 POINCIANA AVE JACKSONVILLE FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frances J. Shreves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

Date

Daytime Phone #