

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**

50036173

2. Principal Place of Business
7316 POINCIANA AVE

3. Mailing Address
7316 POINCIANA AVE

Suite, Apt. #, etc.



03292005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE FL

Zip
32217

Country
US

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. Shreve

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-05

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SHREVES, FRANCES JULINE
PO BOX 24668
JACKSONVILLE, FL 322414668**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
PRINGLE, MARK STUART
PO BOX 24668
JACKSONVILLE, FL 322414668**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**7316 POINCIANA AVE
JACKSONVILLE FL 32217**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**7316 POINCIANA AVE
JACKSONVILLE FL 32217**

☒ Change ☐ Addition

TITLE
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☐ 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: *Frances J. Shreve*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

Date

Daytime Phone #