## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000007854

Entity Name: CARLSON TILE & SMALL HOME REPAIR, INC.

FILED Sep 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5791 UNIVERSITY CLUB BLVD N., #407 JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

5791 UNIVERSITY CLUB BLVD N., #407 JACKSONVILLE, FL 32277

FEI Number: 20-1059388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARLSON, JAMES CARLSON, JAMES S

5791 UNIVERSITY CLUB BOULEVARD NORTH, #407 5791 UNIVERSITY CLUB BOULEVARD NORTH, #407

JACKSONVILLE, FL 32277 US JACKSONVILLE, FL 32277 US

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.

SIGNATURE: JAMES S. CARLSON 09/22/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT ( ) Delete Title: PT (X) Change ( ) Addition

Name: CARLSON, JAMES Name: CARLSON, JAMES S
Address: 5791 UNIVERSITY CLUB BOULEVARD NORTH #407 Address: 5791 UNIVERSITY CLUB BOULEVARD N

Address: 5791 UNIVERSITY CLUB BOULEVARD NORTH, #407

Address: 5791 UNIVERSITY CLUB BOULEVARD NORTH, #407

Oity St. Zin: IACKSONNULLE EL 20277

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete Title: () Change () Addition

 Name:
 HARRELL, DONYA
 Name:

 Address:
 3904 GRAND CENTRAL PL E
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. CARLSON PT 09/22/2005