2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-11-2005 90124 010 ***150.00

FILED
May 11, 2005 8:00 am
Secretary of State
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DOCUMENT # P04000008342 1. Entity Name RVD TILE, INC. Principal Place of Business Mailing Address 50051541 6904 MANATEE AVE W 6904 MANATEE AVE W #69D #69D BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032005 CR2E034 (10/03) City & State City & State Applied For 20-0590460 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN DYKE, RANDY M BAKER, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 5702 CLARK ROAD SARASOTA, FL 34233 6904 MANATEE AVE W #69D Zip Code City BRADENTON 34209 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. RANDY M VAN DYKE
(NOTE Registered Agent signalure required when reinstating) SIGNATURE. /05____ Signature, typed or printed name of registeren agent and life if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607,193(2)(b), F.S., the П Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Detete TITLE TITLE ☐ Change ☐ Addition VAN DYKE, RANDY M NAME STREET ADDRESS 6904 MANATÉE AVE W #69D STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME 5.05 5. STREET ADDRESS CIM-SE ZIP CITY-ST-ZIP HILL ☐ Defete HILL ☐ Change Addition NAMS NAME STREFT ADDRESS STREET ADDRESS CHY-ST-ZIP CITY- ST- ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZIP ☐ Delete IIILL ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attachyent with an address, with all gine like empowered. IXANDY M VAN JDYKE

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PRESIDENT

519/05

224-2230

Daylime Phone #