


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 012 ***150.00

DOCUMENT # P04000021699	
1. Entity Name TILE MARKET INDIAN RIVER INC.	

Principal Place of Business 1808 COMMERCE AVE VERO BEACH, FL 32960	Mailing Address 1808 COMMERCE AVE VERO BEACH, FL 32960
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2. Principal Place of Business 4001 U.S. 1	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State VERO BEACH, FL	City & State
Zip 32960	Country USA



03232005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1221867	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITCHELL, CHARLOTTE 7727 ROSELAND RD SEBASTIAN, FL 32958	
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7. Name and Address of New Registered Agent	
Name Mitchell, Charlotte	
Street Address (P.O. Box Number is Not Acceptable) 589 Birch Ct.	
City Sebastian	FL Zip Code 32958

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 **Charlotte Mitchell** **CHARLOTTE MITCHELL** **3-23-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MITCHELL, CHARLOTTE 7727 ROSELAND RD SEBASTIAN, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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: **Charlotte Mitchell** **CHARLOTTE MITCHELL** **3-23-05** **772 978 1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #