2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90570 044 ***150.00

DOCUMENT # P04000050856

1. Entity Name
A & E CUSTOM TILE & INSTALLATION, INC

Principal Place of Business	Mailing Address
3000 N ORLEANS WAY APOPKA, FL 32703	3000 N ORLEANS WAY APOPKA, FL 32703

03132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
619 Prairie Lane Suite, Apt. #, etc.	619 Prairie Lane Suite, Apt. #, etc.
City & State: Alt. Spr, FL Zip: 32714 Country:	City & State: Altamonte Spr, FL Zip: 32714 Country:

4. FEI Number: 54-2139775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REAGAN, TRACI 770 LITTLE WEKIVA CIRCLE ALTAMONTE SPRINGS, FL 32714	Name: Traci Reagan Street Address (P.O. Box Number is Not Acceptable): 513 Balsawood Ct. City: Altamonte Springs FL Zip Code: 32714

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: [signature] 4-14-05
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. ☐ **$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	P DELEVANTE, ERIC 3000 N ORLEANS WAY APOPKA, FL 32703	☐ Delete	P Eric Delevante 619 Prairie Lane Alt. Spr, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dana Delevante VP 619 Prairie Lane Altamonte Springs, FL 32714	☐ Delete	VP Dana Delevante 619 Prairie Lane Altamonte Springs, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	—	☐ Delete	—	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 3-31-05 321-436-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #