

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062668

1. Entity Name
KEVIN BRUCE TILE INC



05 OCT -4 PM 4:21

Principal Place of Business
2406 TINDEL CAMP RD
LAKE WALES, FL 33859

Mailing Address
2406 TINDEL CAMP RD
LAKE WALES, FL 33859

2. Principal Place of Business
1698 S. McAdoo Ave
Suite, Apt. #, etc.

3. Mailing Address
1698 S. McAdoo Ave
Suite, Apt. #, etc.

City & State
Bartow FL

City & State
Bartow FL

4. FEI Number
20-0996412

Applied For
Not Applicable

Zip 33830 Country Polk

Zip 33830 Country Polk

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

REINSTATEMENT 85

6. Name and Address of Current Registered Agent

BRUCE, KEVIN
2406 TINDEL CAMP RD
LAKE WALES, FL 33859

7. Name and Address of New Registered Agent

Name Bruce Kevin
Street Address (P.O. Box Number is Not Acceptable)
1698 S. McAdoo Ave
City Bartow FL Zip Code 33830

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRUCE, KEVIN ☐ Delete
STREET ADDRESS 2406 TINDEL CAMP RD
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Bruce, Kevin
STREET ADDRESS 1698 S. McAdoo Ave
CITY-ST-ZIP Bartow FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700060202787
10/04/05--01009--022 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers empowered.

SIGNATURE: Kevin Bruce 9-20-05 863-2592943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell OCT 4 2005