


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90101 025 \*\*\*150.00

DOCUMENT # P04000094093			
1. Entity Name HAINES TILE & MARBLE, INC.			
Principal Place of Business 8 LAKE HENRY DRIVE PLACID LAKES, FL 33852 US		Mailing Address 8 LAKE HENRY DRIVE PLACID LAKES, FL 33852 US	
2. Principal Place of Business 8 LAKE HENRY DRIVE Suite, Apt. #, etc.		3. Mailing Address 8 LAKE HENRY DRIVE Suite, Apt. #, etc.	
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL	
Zip 33852	Country US	Zip 33852	Country US
6. Name and Address of Current Registered Agent HAINES, CHRISTOPHER 8 LAKE HENRY DRIVE PLACID LAKES, FL FLORI-DA		7. Name and Address of New Registered Agent Name HAINES, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 8 LAKE HENRY DRIVE City LAKE PLACID FL Zip Code 33852	
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 <u>Christopher L. Haines</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HAINES, CHRISTOPHER STREET ADDRESS 8 LAKE HENRY DRIVE CITY-ST-ZIP PLACID LAKES, FL 33852	<input type="checkbox"/> Delete	TITLE P NAME HAINES, CHRISTOPHER STREET ADDRESS 8 LAKE HENRY DRIVE CITY-ST-ZIP LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>Christopher L. Haines</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7/14/05</u> (863) <u>444-3805</u> Daytime Phone #	

30037474



07142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1268813 Applied For Not Applicable

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