

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90184 023 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000095515



1. Entity Name

V AND D TILE AND MARBLE INC

Principal Place of Business

712 WILLOW RUN STREET
CLERMONT, FL 34711 US

Mailing Address

712 WILLOW RUN STREET
CLERMONT, FL 34711 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Ch: P

CR2ED34 (10/03)

4. FE Number

20-1253602

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PRUITT, VEADIAWHATIE
712 WILLOW RUN STREET
CLERMONT, FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

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

TITLE P ☐ Delete
 NAME PRUITT, VEADIAWHATIE
 STREET ADDRESS 712 WILLOW RUN STREET
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE VP ☐ Delete
 NAME PRUITT, VEADIAWHATIE
 STREET ADDRESS 712 WILLOW RUN STREET
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE TREA ☐ Delete
 NAME PRUITT, VEADIAWHATIE
 STREET ADDRESS 712 WILLOW RUN STREET
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE SEC ☐ Delete
 NAME MAYSTRY, ROHAN K
 STREET ADDRESS 632 WILLOW RUN STREET
 CITY-ST-ZIP CLERMONT, FL 34711

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 ☐ 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

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 like empowered.

SIGNATURE: *

*Veadiawhatie Pruitt

*4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #