## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 19, 2005 8:00 am Secretary of State

DOCUMENT # P04000113144  1. Entity Name K&S TILE, INC.					08-19-2005	90010 005	5 ***15	8.75	
Principal Place of Business  12308 SARAGOSSA LANE APT A NORTH PORT, FL 34287  Mailing Address  12308 SARAGOSSA LANE APT A NORTH PORT, FL 34287							EII	2537	
2. Principal Place of Business 12317 URBINO, ST Suite, Apt. #, etc.  3. Mailing Address 12317 URBINO Suite, Apt. #, etc.		10, ST.	07	7012005	Chg-P	CR2E034	J., 3,2,, 4,2,		
City & State North Part FL, Zip Country 34287 U.S.	Zip	Country USA	_   7		12997 Status Desired				
6. Name and Address of Current		UJFI	7.	Name and A	ddress of New R			•	
of Hallo Ble House		Name							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Street A	Street Address (P.O. Box Number is Not Acceptable)						
, , , , , , , , , , , , , , , , , , ,		City	···-			<b>pro</b> 0	Zip Code		
						FL			
8. The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its re —	egistered office or	registered a	igent, or both	, in the State of Flo	orida. I am fam	iliar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signati	ure required when	reinstating)		DATÉ			
FILE NOW!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fina Trust Fund Contribution									
			<b>\$5.00</b> Added to	May Be Fees	In accordance v corporation did	vith s. 607.19 not receive th	3(2)(b), l se prior n	F.S., the otice.	
Due by September 7, 2005  10. OFFICERS AND	Trust Fund Contril		Added to	Fees	In accordance v corporation did CHANGES TO OFF	not receive th	RECTORS	SIN 11	
10. OFFICERS AND	Trust Fund Contril	11.	Added to	DDITIONS/C	corporation did	not receive th	e prior n	otice.	
10. OFFICERS AND TITLE D NAME SPENCER, CURTIS R STREET ADDRESS 12308 SARAGOSSA LANE, AP	Trust Fund Contril  DIRECTORS  Delete	oution.	Added to	DDITIONS/C	corporation did CHANGES TO OFF CHAS R O, ST	not receive th	RECTORS	SIN 11	
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I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Fidulia Statutes. Find the control of the control of the componental 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.

IGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytore Phone II

Daytore Phone II