

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

04-18-2005 90271 043 ***150.00

| | | | |
|---|---|--|---|
| DOCUMENT # P04000153036 1. Entity Name A & K STONE AND TILE, INC. | | | |
| Principal Place of Business 2362 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 US | | Mailing Address 2362 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 US | |
| 2. Principal Place of Business 11788 66th N Unit B Suite, Apt. #, etc. Large Fl City & State | | 3. Mailing Address 11788 66th N Unit B Suite, Apt. #, etc. Large Fl City & State | |
| Zip 33773 Country | | Zip 33773 Country | |
| 4. FEI Number 81-0658924 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MYERS & WRIGHT, P.A. 1104 E. BAKER STREET PLANT CITY, FL 33563 | | 7. Name and Address of New Registered Agent Name Alba Greiner Street Address (P.O. Box Number is Not Acceptable) 11788 66th N Unit B Large Fl City FL Zip Code 33773 | |
| 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><i>Alba Greiner</i></u> DATE <u>4-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 | PVP SANTANA, ALBEN J 2362 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 <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 | S/T GREINER, ALBA E 2362 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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><i>Alba Greiner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>4-12-05</u> Daytime Phone # <u>727 547 6172</u> | |