

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-24-2005 90042 042 ***150.00

DOCUMENT # P04000155143 1. Entity Name PRETTY MUCH TILE, INC.					
Principal Place of Business 498 JUDITH AVE FRUITLAND PARK, FL 34731			Mailing Address 498 JUDITH AVE FRUITLAND PARK, FL 34731		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 201870646				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORGAN, JEFFREY R 498 JUDITH AVE FRUITLAND PARK, FL 34731			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 _____ DATE _____ Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Reg. stated Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P MORGAN, JEFFREY R 498 JUDITH AVE FRUITLAND PARK, FL 34731	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,VP MORGAN, MELISSA L 498 JUDITH AVE FRUITLAND PARK, FL 34731	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORGAN, MELISSA L 498 JUDITH AVE FRUITLAND PARK, FL 34731	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORGAN, MELISSA L 498 JUDITH AVE FRUITLAND PARK, FL 34731	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: *3-22-05			Daytime Phone #: *352-326-8660		

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