

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90123 020 \*\*\*150.00

<b>DOCUMENT # P04000159288</b> 1. Entity Name <b>CLASSIC QUARTERS TILE, INC.</b>			
Principal Place of Business <b>4601 E HWY 100 UNIT B-1 BUNNELL, FL 32110</b>		Mailing Address <b>4601 E HWY 100 UNIT B-1 BUNNELL, FL 32110</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>22 RYLEY LANE</b> Suite, Apt. #, etc.	
City & State _____		City & State <b>PALM COAST, FL</b>	
Zip _____ Country _____		Zip <b>32164</b> Country <b>USA</b>	
4. FEI Number <b>11-3733866</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>KNIGHT, JERRY C 4721 E MOODY BLVD BLDG 5 SUITE 505 &amp; 506 BUNNELL, FL 32110</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIRCHOFF, SCOTT R 22 RYLEY LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KIRCHOFF, DOLORES C 22 RYLEY LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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>Dolores Kirchoff</i> <b>DOLORES C. KIRCHOFF</b> <b>04-22-05</b> <b>386 437-9888</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	