2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State
03-16-2005 90276 001 ***150.00
03-16-2005 90276 002 *****8.75

DOCUMENT # P04000171134

1. Entity Name
CORNERSTONE TILE, INC.

Principal Place of Business	Mailing Address
731 OLD MISSION ROAD NEW SMYRNA BEACH FL 32169	731 OLD MISSION ROAD NEW SMYRNA BEACH FL 32169
731-OLD MISSION RD.	731-OLD MISSION RD

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
	New Smyrna Bch
Suite, Apt. #, etc.	Suite, Apt. #, etc.
New Smyrna Bch	
City & State: FL. 32168	City & State: FL.
Zip: 32168 Country: Volusia	Zip: 32168 Country: Volusia

4. FEI Number: 59341169 9 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHICK, ALVIN E
731 OLD MISSION ROAD
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name: ALVIN E. CHICK
Street Address (P.O. Box Number is Not Acceptable): 731-OLD MISSION Rd.
City: New Smyrna Bch FL Zip Code: 32168

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: Eugene Chick — March/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P CHICK, ALVIN E 731 OLD MISSION DRIVE NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Social Security # ☐ Delete 552-38-2154	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Alvin E. Chick L	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete 731-OLD MISSION RD New Smyrna Bch	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete FL. 32168	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Eugene Chick — March 19/05 — 1-386-423-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #