ANNUAL REPORT **DOCUMENT # P93000014159** STROMBERG TILE, INC. Mailing Address Principal Place of Business 3835 IDELWOOD DR. 3810 MAULE RD PENSACOLA, FL 32503 US PENSACOLA, FL 32505 DO NOT WRITE IN THIS SPACE The second secon 5. Name and Address of Current Registered Agent STROMBERG, WILLIAM F 3810 MAULE ROAD PENSACOLA, FL 32503

FILED May 03, 2004 08:00 AN **Secretary of State**

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D	O NOT WRITE I	N THIS SPA	CE	4. FEI Number 59-3175972		Applied For Not Applicable	
				Certificate of Status	s Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Reg			الله الله الله الله الله الله الله الله			
STROMBERG, WILLIAM F 3810 MAULE ROAD PENSACOLA, FL 32503				DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	ed office or reg	Istered agent, or both, in the	State of Florida. I st	m temiliar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and b	tie if applicable. (NOTE: Register	ed Agent signature re	quined when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIF	ECTORS	. s. oren segon s	The second secon	The second secon		
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12. I hereby certify that the information supplied with this filling 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 eath; 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP