


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90145 043 ***150.00

DOCUMENT # P94000033026 1. Entity Name TONY VEAL CERAMIC TILE, INC.					
Principal Place of Business 8550 BOXBERRY LANE JACKSONVILLE, FL 32244			Mailing Address 8550 BOXBERRY LANE JACKSONVILLE, FL 32244		
2. Principal Place of Business 3442 Laurel Leaf Dr Suite, Apt. #, etc.		3. Mailing Address 3442 Laurel Leaf Dr Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL			
Zip 32065		Country USA		4. FEI Number 59-3237745	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VEAL, ANTHONY E 8550 BOXBERRY LANE JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) 3442 Laurel Leaf Dr City Jacksonville FL Zip Code 32065		
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 reinstating) DATE</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	P VEAL, ANTHONY E 8550 BOXBERRY LANE JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEAL, CHRISTINE B 8550 BOXBERRY LANE JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEAL, GREGORY 656 MARTINQUE COURT ORANGE PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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)(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>Anthony E Veal</i> Pres					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-8-05 Daytime Phone # 291-8146 Home 545-7147 Cell					