


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90042 050 ***150.00

DOCUMENT # P94000048126
 1. Entity Name
PAUL'S PROFESSIONAL TILE, INC.



Principal Place of Business 4460 ROANAK WAY PALM HARBOR FL 34685	Mailing Address 4460 ROANAK WAY PALM HARBOR FL 34685
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2. Principal Place of Business Suite, Apt. #, etc. <i>Palm Harbor</i>	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Palm Harbor FL</i>	City & State <i>Palm Harbor FL</i>	4. FEI Number 59-3248566	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34685</i>	Country <i>USA</i>	Zip <i>34685</i>	Country <i>USA</i>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MCNABB, PAUL V 4460 ROANOAK WAY PALM HARBOR FL 34685		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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 MCNABB, PAUL V 4029 AUSTON WAY PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNABB, PAUL 4029 AUSTON WAY PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul McNabb* **3-31-05 727-403-4685**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #