2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000056828

1. Entity Name
TOMLINSON'S COLOR TILE & CARPET, INC.

Principal Place of Business	Mailing Address
245 SEBASTIAN BLVD., SUITE D SEBASTIAN, FL 32958	245 SEBASTIAN BLVD., SUITE D SEBASTIAN, FL 32958

01032004 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0514814
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMLINSON, LYNN
245 SEBASTIAN BLVD
STE D
SEBASTIAN, FL 32958

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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: _____ 1/23/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOMLINSON, JOSEPH R
STREET ADDRESS	245 SEBASTIAN BLVD STE D
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VDM
NAME	TOMLINSON, LYNN R
STREET ADDRESS	245 SEBASTIAN BLVD STE D
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	TOMLINSON, KELLY
STREET ADDRESS	245 SEBASTIAN BLVD STE D
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S
NAME	SARCINELLO, TRACY
STREET ADDRESS	245 SEBASTIAN BLVD STE D
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80045-017 158.75

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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: Lynn Tomlinson 1/23/04 - 772-388-2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #