2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2004 8:00 am DOCUMENT # P94000069535 **Secretary of State** 1. Entity Name 03-29-2004 90396 002 ***150.00 DAVIS TILE & MARBLE, INC. Principal Place of Business Mailing Address 2200 TILTON RD 2200 TILTON RD PORT SAINT LUCIE FL 34952 PORT SAINT LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0538708 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 2200 TILTON RD PORT SAINT LUCIE FL 34952 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Change ☐ Addition TITLE PD □ Delete TITLE NAME DAVIS, KENNETH J NAME 2200 Tilton Rd. STREET ADDRESS STREET ADDRESS 1473 SE BERKSHIRE BLVD. PORT ST. LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete Change Addition TITLE TITLE NAME NAME DAVIS, LORI L 1200 Tilton Rd. STREET ADDRESS 1473 SE BERKSHIRE BLVD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

| SIGNATURE | Applied PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Day | D