

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90044 028 \*\*\*150.00

**DOCUMENT # P95000015399**

1. Entity Name

CREATIVE TILE INSTALLATIONS BY CAROLYN, INC.



Principal Place of Business

930 CARTER RD.  
218  
WINTER GARDEN 34 34787  
US

Mailing Address

930 CARTER RD.  
STE 218  
WINTER GARDEN 34 34787  
US

24028873



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

930 CARTER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 218

City & State

City & State

4. FEI Number

59-3297650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASMA, WILLIAM N ESQ.  
886 SOUTH DILLARD ST  
WINTER GARDEN FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**

**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

TITLE DPST ☐ Delete  
NAME TISDALE, CAROLYN R  
STREET ADDRESS 930 CARTER RD. SUITE 216  
CITY-ST-ZIP WINTER GARDEN FL

TITLE V ☐ Delete  
NAME HARRIS, SHERRI WARD  
STREET ADDRESS 930 CARTER RD SUITE 216  
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 930 CARTER RD. SUITE 218  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME WARD, SHERRI HARRIS  
STREET ADDRESS 930 CARTER RD. SUITE 218  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-04 407-656-3533