


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24 2005 08:00 AM
Secretary of State
1/19/05
ck # 4032

DOCUMENT # P95000096976		
1. Entity Name BLUE STREAK TILE AND MARBLE COMPANY, INC.		

Principal Place of Business 5780 TAYLOR ROAD #2 NAPLES, FL 34108 US	Mailing Address 5780 TAYLOR ROAD #2 NAPLES, FL 34108 US
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DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0628107	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, PETER R
5780 TAYLOR ROAD #2
NAPLES, FL 34108

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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: *Peter R. Lang* DATE: 1/19/05

Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)

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	000000190121 01/24/05-80123-014-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, PETER 5780 TAYLOR ROAD #2 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANG, THOMAS 5780 TAYLOR RD #2 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANG, PETER (SON) 5780 TAYLOR ROAD #2 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: *Peter R. Lang* -Pres. DATE: 1/19/05 DAYTIME PHONE #: 239-574-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR