## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 19, 2004 8:00 am **Secretary of State** DOCUMENT # P96000101332 1. Entity Name 03-19-2004 90070 007 \*\*\*150.00 KEN SMITH TILE & CARPET, INC. Principal Place of Business Mailing Address 121 CORPORATION WAY, SUITE G 121 CORPORATION WAY, SUITE G VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address 1902 S. Tamiamil rail 1902 S. Tamiami Trail Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FE! Number Applied For City & State 65-0714550 Venice lenice Not Applicable Ζíp \$8.75 Additional 5. Certificate of Status Desired Sarsota Fee Required grasot 9 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME SMITH, KENNETH L NAME 121 CORPORATION WAY, SUITE G STREET ADDRESS STREET ADDRESS CITY-ST-ZM VENICE FL 34292 CITY-ST-ZIP Delete ☐ Change M Addition Smith, Johanna L. 1902 South Tamiami Trail SMITH, THOMAS L STREET ADDRESS 121 CORPORATION WAY, SUITE G STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIP Venice, FL, 34293 TITLE STD □ Delete TITLE Change Addition NAME SMITH, JOHANNA L NAME STREET ADDRESS STREET ADDRESS 121 CORPORATION WAY, SUITE G VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. Thereby 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: 100 3

FILED