# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 10, 2004 8:00 am**
**Secretary of State**
06-10-2004 90001 012 ***650.00

DOCUMENT # P97000019866

1. Entity Name
J. T.'S TILE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9035 SEELEY LANE<br>HUDSON, FL 34669 US | 9035 SEELEY LANE<br>HUDSON, FL 34669 US |

03192003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3443566
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, JACK
9035 SEELEY LANE
HUDSON, FL 34669

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

**FILE NOW!!! FEE IS $550.00**
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | THOMPSON, JACK |
| STREET ADDRESS | 9035 SEELEY LANE |
| CITY-ST-ZIP | HUDSON, FL 34669 |
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| 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:** Jack Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #