2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000024415

1. Entity Name
MIDWEST TILE, INC.

Principal Place of Business	Mailing Address
9617 BUD STREET	POST OFFICE BOX 5207
HUDSON, FL 34669	HUDSON, FL 34674

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3434033	Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, KATHLEEN
9617 BUD STREET
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_____

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. **OFFICERS AND DIRECTORS**

TITLE	PTD	
NAME	MITCHELL, ROBERT M	
STREET ADDRESS	9617 BUD STREET	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	VSD	
NAME	MITCHELL, KATHLEEN	
STREET ADDRESS	9617 BUD STREET	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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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: Kathleen Mitchell VP, KATHLEEN Mitchell   1-11-05   727-868-7635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #