


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90030 033 ***158.75

DOCUMENT # P97000064760 1. Entity Name KC TILE RESTORATION, INC.					
Principal Place of Business 10018 SPANISH ISLE BLVD A-15 BOCA RATON FL 33498			Mailing Address 10018 SPANISH ISLE BLVD A-15 BOCA RATON FL 33498		
2. Principal Place of Business 6793 PARK LANE EAST		3. Mailing Address 6793 PARK LANE EAST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE WORTH, FLORIDA		City & State LAKE WORTH, FLORIDA		4. FEI Number 65-0782507 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33467	Country USA	Zip 33467	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name KENNETH J COLSON Street Address (P.O. Box Number is Not Acceptable) 19203 NORTH CREEKSHORE City BOCA RATON FL Zip Code 33498		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> Pres. Kenneth Colson - VP DATE 2/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLSON, KENNETH 10018 SPANISH ISLE BLVD., STE. A-15 BOCA RATON FL 33498 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT- SECRETARY JOY COLSON 6793 PARK LANE LAKE WORTH, FLORIDA 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TREASURER KENNETH COLSON 6793 PARK LANE LAKE WORTH, FLORIDA 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	



DEPARTMENT OF FINANCIAL SERVICES

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

11/23/04

pm 11/2/04

Dear Sir or Madam: *Ms Colson*

The attached document(s) are being returned for reason(s) indicated below. This office does not retain copies. Return all documents to the address listed on the bottom of this letter.

- ☐ On the DWC 250, indicate the operating status of the applicant as corporate officer or member of a Limited Liability Company.
- ☐ Florida Workers' Compensation Law automatically excludes non-construction business sole proprietors and partners. Your application is being returned unprocessed since the Division does not issue exemptions to sole proprietors or partners.
- ☐ Insert corporate title on attached document.
- ☒ Enter the following missing or incomplete information on the DWC 250:

☐ Corporate Name ☐ Nature of Business ☐ Federal Employer Identification Number (FEIN)

☒ Please provide the required documentation listed below:

☒ A copy of a corporate stock certificate evidencing at least 10% ownership of the issued shares by the applicant, or if an LLC, a notarized statement that the member owns at least 10% of the business

☐ A fictitious name if used or required

A Federal Employer Identification Number

☐ County Occupational License (if county license is not required, and such license is required by the city, submit city license)

☒ The corporate officer shown on the DWC 250 is not listed on the records of Florida Department of State, Division of Corporations.

☐ Additional information required:

- ☐ List your corporate or LLC registration number on file with the Secretary of State/Division of Corporations.
- ☐ List your certified or registered contractors' license number as issued by the Department of Business and Professional Regulations.
- ☐ The DWC 250 must be signed and the name typed or legibly printed above the signature.
- ☐ The DWC 250 must be notarized and show the notary seal.
- ☐ The DWC 250 must show a complete and legible Social Security Number.

☐ Check/Money order payment # _____ in the amount of \$ _____ is being returned.

☒ OTHER: Application must be on form DWC 250 revised 12/2003. (Attached)
Complete correct form and return it with all required documentation
and original documents submitted.

TILE RESTORATION IS CONSTRUCTION FEE IS REQUIRED

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

DOCUMENT # P97000064760

1. Entity Name

KC TILE RESTORATION, INC.



Principal Place of Business

10018 SPANISH ISLE BLVD
A-15
BOCA RATON FL 33498

Mailing Address

10018 SPANISH ISLE BLVD
A-15
BOCA RATON FL 33498

2. Principal Place of Business

6793 PARK LANE *EAST*

Suite, Apt. #, etc.

3. Mailing Address

6793 PARK LANE *east*

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip
33467

Country
USA

Zip
33467

Country
USA

4. FEI Number

65-0782507

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

KENNETH J COLSON

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

19203 NORTH CREEKSHORE

City

BOCA RATON

FL

Zip Code
33498

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
NAME PSTD
COLSON, KENNETH ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 10018 SPANISH ISLE BLVD., STE. A-15
BOCA RATON FL 33498

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME VICE PRESIDENT- SECRETARY ☐ Change ☒ Addition
JOY COLSON
STREET ADDRESS
CITY-ST-ZIP 6793 PARK LANE
LAKE WORTH, FLORIDA 33467

TITLE
NAME PRESIDENT- TREASURER ☒ Change ☐ Addition
KENNETH COLSON
STREET ADDRESS
CITY-ST-ZIP 6793 PARK LANE
LAKE WORTH, FLORIDA 33467

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

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

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

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

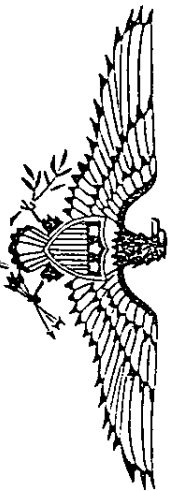
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 #



Organized under the laws of the state of Nevada

Attachment
24011868
89700006476

K. L. The Restoration Inc

Corporate Name

This Certifies that Kenneth J Larson is the holder of

Owner Name

600

Shares of the

7500

shares of the total stock

Shares Owned

Total # Shares Issued

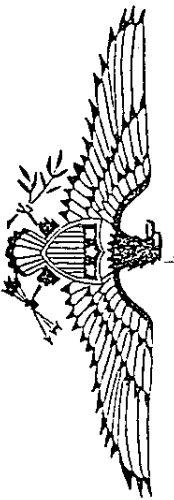
issued by the above named Corporation.

This evidences 15 80 % of the total shares of stock issued by the corporation.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly authorized officer this 8 day of January A.D. 2000.

[Signature]

Signature of an officer of the Corporation



Organized under the laws of the state of Florida

K. L. The Restoration Inc

Corporate Name

This Certifies that Joy L. Gibson is the holder of

Owner Name

1500 Shares of the 7500 Total # Shares Issued shares of the total stock

issued by the above named Corporation.

This evidences 15 % of the total shares of stock issued by the corporation.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly authorized officer this 01 day of January A.D. 2000.

[Signature]
Signature of an officer of the Corporation

After 1 month

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0970000000