


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90055 002 ***150.00

DOCUMENT # P97000075467 1. Entity Name MICHAEL TENHOEVE TILING, INC.					
Principal Place of Business 8125 N. WELLINGTON TERR. CITRUS SPRINGS, FL 34433			Mailing Address 8125 N. WELLINGTON TERR. CITRUS SPRINGS, FL 34433		
2. Principal Place of Business 803 E Overdrive Circle		3. Mailing Address PO Box 479			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Holder FL		City & State Holder FL		4. FEI Number 59-3467305	
Zip 34445		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TENHOEVE, LINDA 8125 N. WELLINGTON TERR. CITRUS SPRINGS, FL 34433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 803 E Overdrive Circle City Holder FL Zip Code 34445		
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 <i>Linda Tenhoeve</i> Sect 1 Inc 3-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> LINDA TENHOEVE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D TENHOEVE, MICHAEL 8125 N. WELLINGTON TERR. CITRUS SPRINGS, FL 34433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENHOEVE, LINDA 8125 N. WELLINGTON TERR. CITRUS SPRINGS, FL 34433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Linda Tenhoeve</i> Sect 1 Inc		3-11-04		1-352-489-1194	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	