

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90032 004 ***150.00

DOCUMENT # P98000054068

1. Entity Name

ANDREW'S TILE CO.



Principal Place of Business

410 S.E. 2ND ST
APT 212
HALLANDALE FL 33009

Mailing Address

410 S.E. 2ND ST
APT 212
HALLANDALE FL 33009

54020647



MOORE CR2E034 (11/03)

2. Principal Place of Business

15422 BRAIN BRIDGE CIR

3. Mailing Address

15422 BRAINBRIDGE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. FEI Number

65-0845990

Applied For

Not Applicable

Zip

33981

Country

USA

Zip

33981

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAGY, ANDRAS
410 S.E. 2ND ST
APT 212
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

ANDRAS NAGY

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

15422 BRAINBRIDGE CIR.

City

PORT CHARLOTTE

FL

Zip Code

33981

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	PSTD	<input type="checkbox"/> Delete
NAME	NAGY, ANDRAS	
STREET ADDRESS	410 S.E. 2ND ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 reports 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:

ANDRAS NAGY

3/19/04

954-558-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #