## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90334 010 \*\*\*150.00 DOCUMENT # P98000054613 TOTAL TILE OF SW FL, INC. Mailing Address Principal Place of Business 14001241 321 S. E. 30TH ST 321 S. E. 30TH ST CAPE CORAL, FL 33904 SUITE A CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0838664 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONVILLE, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 321 S. E. 30TH ST. CAPE CORAL, FL 33904 7 City Zip Code FL 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. In SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 4.74 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE ☐ Change MONVILLE, JEFFREY A NAME NAME STREET ADDRESS 321 SE 30TH ST. STREET ADDRESS CITY+ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP

**FILED** 

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**