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2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000057904

1. Entity Name
R&B TILE, MARBLE & GRANITE, INC.

Principal Place of Business	Mailing Address
10219 MELANIE AVE JACKSONVILLE, FL 32218	P.O. BOX 16952 JACKSONVILLE, FL 32245-6952

DO NOT WRITE IN THIS SPACE

04122004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3519735		Not Applicable

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

6. Name and Address of Current Registered Agent

ASAY, ROBERT
10219 MELANIE AVE
JACKSONVILLE, FL 32218

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000112511 04/14/04-80026-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	ASAY, ROBERT	
STREET ADDRESS	10219 MELANIE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

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: _____Robert C. Asay_____   4-15-04   904 237-8124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #