

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-21-2005 90222 029 \*\*\*108.75  
P98000103319

DOCUMENT # P98000103319

1. Entity Name  
TURN-KEY TILE PROVIDERS, INC.



Principal Place of Business  
2999 N POWERLINE RD  
POMPAÑO BEACH, FL 33069 US

Mailing Address  
2999 N POWERLINE RD  
POMPAÑO BEACH, FL 33069 US

FILED

05 MAY 24 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P. Roberts JUN 01 2005



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0894030

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ALPERT, ARNOLD  
2999 N POWERLINE RD.  
POMPAÑO BEACH, FL 33069

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ALPERT, ARNOLD  
16770 COLCHESTER CT  
DELRAY BEACH, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arnold Alpert 4/13/05 (954) 975-0000