

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90077 029 ***150.00

DOCUMENT # P98000103345
 1. Entity Name
ELLIOTT'S PRECISION TILE SERVICE, INC.



Principal Place of Business: **617 BARONET DRIVE HOLMES BEACH FL 34217**
 Mailing Address: **PO BOX 1480 ANNA MARIA FL 24316**
Zip Wrong

49008022



MOORE CR2E034 (11/03)

2. Principal Place of Business: **226 S. HARBOR DR.**
 Suite, Apt. #, etc.:
 3. Mailing Address: **PO Box 1480**
 Suite, Apt. #, etc.:

City & State: **Holmes Beach FL.**
 City & State: **ANNA MARIA FL.**

4. FEI Number: **65-0880842**
 Applied For: Not Applicable

Zip: **34217** Country: **USA**
 Zip: **34216** Country: **USA**

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

6. Name and Address of Current Registered Agent
ELLIOTT, JACK T
~~617 BARONET DRIVE~~
HOLMES BEACH FL 34217
move!

7. Name and Address of New Registered Agent
 Name: **JACK T. ELLIOTT**
 Street Address (P.O. Box Number is Not Acceptable): **226 S. HARBOR DR.**
 City: **Holmes Beach FL** Zip Code: **34217**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PO ELLIOTT, JACK PO DR BOX 1480 ANNA MARIA FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAEDING, CHRISTY 30 EGRET LN ALISO VIEJO CA 92656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Elliott Jack PO Box 1480 Holmes Beach FL. 34216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	on 226 S. Harbor Dr. Holmes Beach FL. 34217 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack T. Elliott* **JACK T. ELLIOTT** **102804** **778-1319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #