

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 34216

24008022



MOORE

CR2E034 (11/03)

2. Principal Place of Business

226 S. HARBOR DR.

3. Mailing Address

PO Box 1480

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holmes Beach FL.

City & State

ANNA MARIA FL.

4. FEI Number

65-0880842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, JACK T
617 BARONET DRIVE
HOLMES BEACH FL 34217

move!

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
ELLIOT, JACK
PO BOX 1480
ANNA MARIA FL 34216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MAEDING, CHRISTY
30 EGRET LN
ALISO VIEJO CA 92656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
on 226 S. Harbor Dr.
Holmes Beach FL. 34217 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK T. ELLIOTT

Date

Daytime Phone #

102804 778-1319 (941)