## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

## Mar 18, 2005 8:00 am Secretary of State DOCUMENT # P99000015656 1. Entity Name 03-18-2005 90065 006 \*\*\*150.00 TILE AND PREP INC. Principal Place of Business Mailing Address 4507 101ST ST. W. BRADENTON FL 34210 4507 101ST ST. W. 20022626 **BRADENTON FL 34210** 4567 | 0 | St. ω. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0118658 Not Applicable Zip Country Ζip 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 GILES, WILLETA J Street Address (P.O. Box Number is Not Acceptable) 4507 101 ST WEST BRADENTON FL 34210 : City Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THTLE TITLE Addition ☐ Delete Change GILES, DAVID W NAME STREET ADDRESS 4501 101ST ST. W. STREET ADDRESS CITY - ST - ZIP **BRADENTON FL 34210** CITY-ST-ZIP Delete ☐ Change ☐ Addition GILES, WILLETTA J NAME NAME 4507 101 ST W STREET ADDRESS STREET ADDRESS BRADENTON FL 34210 CITY+ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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

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