

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90156 024 \*\*\*150.00

<b>DOCUMENT # P99000029829</b> 1. Entity Name <b>RELIABLE TILE &amp; FLOORING, INC.</b>					
Principal Place of Business <b>4159 HARBOR BLVD. PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>4159 HARBOR BLVD. PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business <i>#108</i> <b>19375 Water Oak Dr.</b> Suite, Apt. #, etc. <i>#108</i>		3. Mailing Address <b>19375 Water Oak Dr.</b> Suite, Apt. #, etc. <i>#108</i>			
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>		4. FEI Number <b>59-3575000</b>	
Zip <b>33948</b>		Country <b>Charlotte</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BLAIR PAULA J 4159 HARBOR BLVD PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name <b>Arnold J. Blair</b> Street Address (P.O. Box Number is Not Acceptable) <b>19375 Water Oak Dr. #108</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33948</b>	
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: <i>Arnold J. Blair, President</i> DATE: <b>4-4-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BLAIR, ARNOLD J STREET ADDRESS 4159 HARBOR BLVD. CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE P NAME Blair, Arnold J. STREET ADDRESS 19375 Water Oak Dr. #108 CITY-ST-ZIP Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BLAIR, PAULA J STREET ADDRESS 4159 HARBOR BLVD CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Arnold J. Blair STREET ADDRESS 19375 Water Oak Dr. #108 CITY-ST-ZIP At. Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BLAIR, PAULA J STREET ADDRESS 4159 HARBOR BLVD CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE ST NAME Blair, Arnold J. STREET ADDRESS 19375 Water Oak Dr. #108 CITY-ST-ZIP Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <i>Arnold J. Blair, President</i> DATE: <b>4-4-05</b> 941-743-2731 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					