## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jan 30, 2004 8:00 am DOCUMENT # P9900036014 **Secretary of State** 01-30-2004 90081 025 \*\*\*150.00 GULF TILE COMPANY, INC. Mailing Address Principal Place of Business 7804 2ND AVE NW 7804 2ND AVE NW **110TOLL BRADENTON FL 34209** BRADENTON FL 34209 Au 1 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0915171 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIEMELIS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 7804 2ND AVE NW BRADENTON FL 34209 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. **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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE M Change ☐ Addition DD F Delete ZIEMELIS, SCOTT NAME ZIEMELIS, SCOTT 7804 ZND AVE NEW. 690 LONGBOAT COURT STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP ☐ Change ■ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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. SCOTT ZIEMELIX 1-27-04 (94)920-6260

ER OR DIRECTOR

Date

Daytome Phone # SIGNATURE: