2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P99000036014

1. Entity Name

GULF TILE COMPANY, INC.					01-28-2005 90029 009 ***150.00		
Principal Place of Business 7804 2ND AVE NW BRADENTON FL 34209		Mailing Address 7804 2ND AVE NW BRADENTON FL 34209				-	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1:	st MOORE CR	R2E034 (10/04)	
City & State		City & State		4. FEI Numi	^{oer} 65-0915171	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New Regi	· · · · · · · · · · · · · · · · · · ·	
			Name				
ZIEMELIS, SCOTT 7804 2ND AVE NW			Street A	Street Address (P.O. Box Number is Not Acceptable)			
BRA	ADENTON FL 34209						
			City	· · · · · · · · · · · · · · · · · · ·		FL Zip Coo	ie
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Florida	a. I am familiar with	and accept
	alono or regionored agents						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	. Registered Agent signati	re required when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Trust Fund Contrib		.00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	I S/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIEMELIS, SCOTT 690 LONGBOAT COURT LONGBOAT KEY FL 34228	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRMELIS		▼ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dølete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	, , , , , ,	☐ Change	Addition
TITLE NAME " STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		wer.	☐ Change	☐ Addition
TITLE			0111-31-21				ļ
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS		☐ Delete☐ Delete☐ Delete☐.	TITLE NAME STREET ADDRESS			☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SCOTT DEMELIS 1-18-05

920-6260

FILED

Jan 28, 2005 8:00 am Secretary of State