

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90175 006 ***150.00

DOCUMENT # P99000077369 1. Entity Name CENTRAL FLORIDA TILE, INC.					
Principal Place of Business 601 FOUNTAIN ST. FRUITLAND PARK, FL 34731			Mailing Address 601 FOUNTAIN ST. FRUITLAND PARK, FL 34731		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3603577	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AMMER, EARL 601 FOUNTAIN ST. FRUITLAND PARK, FL 34731				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMMER, EARL 601 FOUNTAIN ST. FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TREAS (+P)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTLER, JOHN 8875 E. HENDERSON TRAIL INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-OPERATION MALCOLM LOCKE 11717 LAKE VIEW DR LEESBURG FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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:			Date: 4/29/05 Daytime Phone #: 352-267-8840		

50047861



04302005 Chg-P CR2E034 (10/03)