## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000081325

Entity Name: CREATIONS WITH TILE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

11540 SE 129TH PL 2335 SE 174TH CT

OCKLAWAHA, FL 32179 SILVER SPRINGS, FL 34488

Current Mailing Address: New Mailing Address:

11540 SE 129TH PL 2335 SE 174TH CT

OCKLAWAHA, FL 32179 SILVER SPRINGS, FL 34488

FEI Number: 59-3604732 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RALSTON, JAMES RALSTON, JAMES 11540 S.E. 129TH PL. 2335 SE 174TH CT

OCKLAWAHA, FL 32179 US SILVER SPRINGS, FL 34488 US

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.

SIGNATURE: 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: PD (X) Change ( ) Addition AMES R RALSTON, JAMES R

 Name:
 RALSTON, JAMES R
 Name:
 RALSTON, JAMES R

 Address:
 11540 SE 129TH PL
 Address:
 2335 SE 174TH CT

City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: SILVER SPRINGS, FL 34488

Title: S ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 RALSTON, MICHELLE R
 Name:
 RALSTON, MICHELLE R

 Address:
 11540 SE 129TH PL
 Address:
 2335 SE 174TH CT

City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: SILVER SPRINGS, FL 34488

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JASON, RALSTON M V
 Name:

 Address:
 11565 S.E. HWY C25 AP#108
 Address:

 City-St-Zip:
 OCKLAWAHA, FL 32179 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES RALSTON PD 04/30/2004