

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P99000108174



1. Entity Name
CUSTOM TILE INSTALLATION, INC.

Principal Place of Business
1 N.E. 16TH COURT
FT. LAUDERDALE, FL 33305

Mailing Address

1 N.E. 16TH COURT
FT. LAUDERDALE, FL 33305

2. Principal Place of Business
16857 88th Rd North

3. Mailing Address
16857 88th Rd North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Loxahatchee, Florida

City & State
Loxahatchee, Florida

Zip 33470 Country U.S.A

Zip 33470 Country U.S.A

6. Name and Address of Current Registered Agent

KNISELY, MARC E
1 N.E. 16TH COURT
FT. LAUDERDALE, FL 33305

Name

Knisely, Marc E

Street Address (P.O. Box Number is Not Acceptable)

16857 88th Rd North

City

Loxahatchee

FL

Zip Code
33470

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

Marc Knisely President

5/21/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME KNISELY, MARC
STREET ADDRESS 1 N.E. 16TH COURT
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

700037761957
06/08/04-01031-011 **61.25

TITLE V Delete
NAME John Wilson
STREET ADDRESS 1 N.E. 16th Court
CITY-ST-ZIP Ft. Lauderdale, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

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Change Addition

TITLE Delete
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

5/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #