

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000108174

1. Entity Name  
CUSTOM TILE INSTALLATION, INC.



FILED

04 MAY 26 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

03122003 Chg-P CR2E034 (10/03)

City & State  
Loxahatchee, Florida

City & State  
Loxahatchee, Florida

4. FEI Number  
65-0968315

Applied For  
Not Applicable

Zip  
33470

Country  
U.S.A

Zip  
33470

Country  
U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KNISELY, MARC	
STREET ADDRESS	1 N.E. 16TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	V John Wilson	<input type="checkbox"/> Delete
NAME	John Wilson	
STREET ADDRESS	1 N.E. 16th Court	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700037761957	
CITY-ST-ZIP	06/08/04--01031--011 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/04