

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90031 025 ***158.75

DOCUMENT # S13679

1. Entity Name
ACCURATE TILE INSTALLERS, INC.



Principal Place of Business
**2148 NW 17 ST.
POMPANO BEACH, FL 33069 US**

Mailing Address
**2148 NW 17 ST.
POMPANO BEACH, FL 33069 US**

20002030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0236569

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORBY, JAMES E
5935 WEST PARK ROAD
HOLLYWOOD, FL 33021**

Name **JAMES E. CORBY, SR.**

Street Address (P.O. Box Number is Not Applicable)
2148 NW 17TH STREET

City **POMPANO BEACH, FL** Zip Code **33069**

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

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

(NOTE: Registered Agent signature required when installing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CORBY, JAMES E.
2148 NW 17 ST.
POMPANO BEACH, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
CORBY, VICTORIA M
2148 NW 17 ST.
POMPANO BEACH, FL 33069** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E. CORBY

1-11-05

954-971-4440