2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S65180

1. Entity Name

DILL & SONS TILE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1015 DILL COURT MARCO ISLAND FL 34145	1015 DILL COURT MARCO ISLAND FL 34145

MOORE   CR2E034 (11/03)

2. Principal Place of Business

3054 RoundTable LAne

Suite, Apt. #, etc.

City & State NAPles, Fl

Zip 34112   Country M.S.A.

3. Mailing Address

SAme

Suite, Apt. #, etc.

City & State NAPles, Fl

Zip 34112   Country U.S. A.

4. FEI Number 65-0275325

☐ Applied For
☐ Not Applicable

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
DILL, HOPE DELETE 1051 DILL COURT MARCO ISLAND FL 34145	Name Keith D. Dill Street Address (P.O. Box Number is Not Acceptable) 3054 RoundTable LANE City NAPleS, FL Zip Code 34112

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 reinstating)

DATE 2-16-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 VP NAME DILL, HOPE STREET ADDRESS 1051 DILL COURT CITY-ST-ZIP MARCO ISLAND FL 34145	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE P NAME DILL, DENNIS W. 180 GERANIUM cT. STREET ADDRESS 1051 DILL COURT CITY-ST-ZIP MARCO ISLAND FL 34145	☐ Delete	TITLE PRes. NAME Dill, DeNNis. W STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE T NAME DILL, WILLIAM K. STREET ADDRESS 1651 DILL CT CITY-ST-ZIP MARCO ISLAND FL 34145	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE V NAME DILL, KEITH D STREET ADDRESS 3054 ROUNDTABLE LN CITY-ST-ZIP NAPLES FL 34112	☐ Delete	TITLE V. P. Registered agent NAME Keith D Dill STREET ADDRESS 3054 RoundTableLANe CITY-ST-ZIP NAPles Fl. 34112	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 2-16-04   Daytime Phone #