

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V34361

1. Entity Name
TONY'S WALLS AND FLOORS INC.



Principal Place of Business
**1970 N.E. 188 STREET
N. MIAMI BEACH, FL 33179**

Mailing Address
**1970 N.E. 188 STREET
N. MIAMI BEACH, FL 33179**



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0339747

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COULSON, ANTHONY
1970 N.E. 188 STREET
N. MIAMI BEACH, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000074874

03/03/04-80038-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COULSON, ANTHONY
1970 NE 188 STREET
N. MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COULSON, SHOSHANA
1970 NE 188 STREET
N. MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: A. E. Coulson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/04 305 9332966

Date

Daytime Phone #