


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90018 015 ***150.00

| | |
|----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # V73190 |  |
| 1. Entity Name ENGLEWOOD TILE, INC. | |

| | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 39 RIVERFRONT DR VENICE FL 34293 US | Mailing Address P.O. BOX 2083 ENGLEWOOD FL 34295-2083 US |
|--------------------------------------------------------------------------|-------------------------------------------------------------------|

940100



MOORE CR2E034 (11/03)

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|-----------------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 524 PAUL MORRIS DR. Suite, Apt. #, etc. SUITE D | 3. Mailing Address Suite, Apt. #, etc. |
|-----------------------------------------------------------------------------------------|-------------------------------------------|

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|------------------------------|--------------|
| City & State ENGLEWOOD FL | City & State |
|------------------------------|--------------|

| | |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0359203 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

| | | | |
|--------------|--------------------|-----|---------|
| Zip 34223 | Country FLORIDA | Zip | Country |
|--------------|--------------------|-----|---------|

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|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent NIPPER, R. TED 460 S. INDIANA AVENUE ENGLEWOOD FL 34223 | |
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|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--------------------------------------------------------------|------------|

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------|-----------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, FRED 39 RIVER FRONT RD VENICE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Fred Nelson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04 9414741684
 Date Daytime Phone #