


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 046 ***150.00

DOCUMENT # F00000000602

1. Entity Name
ANN SACKS TILE & STONE, INC.



Principal Place of Business Mailing Address

444 HIGHLAND DRIVE **444 HIGHLAND DRIVE**
ATTN: TAX DEPT. **ATTN: TAX DEPT.**
KOHLER, WI 53044 **KOHLER, WI 53044**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KOHLER, HERBERT V JR.	
STREET ADDRESS	441 GREEN TREE ROAD	
CITY-ST-ZIP	KOHLER, WI 53044	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHENEY, JEFFREY P.	
STREET ADDRESS	4010 NORTH 50TH STREET	
CITY-ST-ZIP	SHEBOYGAN, WI-53083	
TITLE	CCO	<input checked="" type="checkbox"/> Delete
NAME	SACKS, ANN G	
STREET ADDRESS	1740 SW ELIZABETH STREET	
CITY-ST-ZIP	PORTLAND, OR 97201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAAS, DELBERT	
STREET ADDRESS	N9646 FRANKLIN ROAD	
CITY-ST-ZIP	ELKHART LAKE, WI 53020	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HART, JOHN	
STREET ADDRESS	2231 SW SCHOLLS SHERRY RD	
CITY-ST-ZIP	PORTLAND, OR 97221	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rachel D. Kohler	
STREET ADDRESS	2614 N. Mildred	
CITY-ST-ZIP	Chicago, IL 60614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Marchi	
STREET ADDRESS	N6551 Riverview Road	
CITY-ST-ZIP	Plymouth, WI 53073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natalie A. Black	
STREET ADDRESS	9934 Weeks Lane	
CITY-ST-ZIP	Oostburg, WI 53070	

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: *Herbert Kohler* **1/14/04** **920-457-4441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #