

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90175 021 ***150.00

DOCUMENT # P01000030501 1. Entity Name CELTIC CUSTOM TILE, INC.			
Principal Place of Business 850 PALM VIEW WAY SARASOTA, FL 34240		Mailing Address 5900 S TAMiami TRAIL SUITE I SARASOTA, FL 34231	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19319 Suite, Apt. #, etc.	
City & State		City & State SARASOTA, FL	
Zip 34276	Country USA	4. FEI Number 65-1085051	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L. 5900 S. TAMiami TRAIL #1 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name TRACY, CATHERINE L. Street Address (P.O. Box Number is Not Acceptable) 2058 Constitution Blvd City SARASOTA, FL Zip Code 34231	
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 <u>Catherine L. Tracy</u> DATE <u>4-21-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MURPHY, WILLIAM SCOTT 850 PALM VIEW WAY SARASOTA, FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/29/05</u> Daytime Phone # _____	

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