2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90139 024 ***150.00

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1. Entity Name
TRINITY TILE GROUP, INC. OF OCALA

Principal Place of Business	Mailing Address
10 SW 49TH AVE BLDG 100 OCALA, FL 34474	10 SW 49TH AVE BLDG 100 OCALA, FL 34474

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3472063
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELUZIO, DONALD
4337 DAVDANELLE DR
ORLQNDO, FL 32808

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, 2005 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
NAME	DELUZIO, DONALD
STREET ADDRESS	4337 DARDANELLE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	VAN DYKE, DAVID
STREET ADDRESS	4337 DARDANELLE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	WILLIAMS, DALE
STREET ADDRESS	4337 DARDANELLE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	PERRY, VICTOR
STREET ADDRESS	11626 SE 123RD ST.
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Donald A. DeLuzio 4/19/05 407-781-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #