

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 AM  
Secretary of State

DOCUMENT # 330603

1. Entity Name  
ANELLO TILE & TERRAZZO INC



Principal Place of Business

1116 W. CARMEN STREET  
TAMPA, FL 33606

Mailing Address

1116 W. CARMEN STREET  
TAMPA, FL 33606



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1211498

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDA, JOSEPH L  
1904 W KENTUCKY AVE.  
TAMPA, FL 33607

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, 2008 Fee will be \$550.00**

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

U00000939716  
05/28/08-80038-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GUIDA, JOSEPH L  
STREET ADDRESS 1904 W KENTUCKY AVE.  
CITY-ST-ZIP TAMPA, FL 33607

TITLE VD  
NAME CASTELLANO, KENNETH A  
STREET ADDRESS 2118 W. KENTUCKY AVE.  
CITY-ST-ZIP TAMPA, FL 33607

TITLE VD  
NAME DIAZ, VICTORIA  
STREET ADDRESS 6721 DONALD AVE.  
CITY-ST-ZIP TAMPA, FL 33614

TITLE STD  
NAME NICHOLSON, MARILYN J  
STREET ADDRESS 6704 PARADISE BAY WAY  
CITY-ST-ZIP TAMPA, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Joseph L. Guida*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-08

Daytime Phone #

813-253-3458