

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 175548

1. Entity Name
TAMPA TILE CENTER, INC.



Principal Place of Business
**2910 W COLUMBUS DR
TAMPA, FL 33607**

Mailing Address
**2910 W COLUMBUS DR
TAMPA, FL 33607**



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0701781

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DIFABRIZIO, ERNEST
2910 W COLUMBUS DR
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, 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 PD
NAME DIFABRIZIO, ERNEST
STREET ADDRESS 2910 W COLUMBUS DRIVE
CITY-ST-ZIP TAMPA, FL

TITLE SD
NAME DIFABRIZIO, GERALD
STREET ADDRESS 2910 W COLUMBUS DRIVE
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME DIFABRIZIO, CAROLYN
STREET ADDRESS 2910 W COLUMBUS DRIVE
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000252380
03/05/05-80027-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

3/02/05 (813) 877-5386

Date

Daytime Phone #

ERNEST DIFABRIZIO