



2005 FOR PROFIT CORPORATION ANNUAL REPORT

1082

FILED
05 JUL 20 AM 10:55
TAMPA, FL

DOCUMENT # 233090 1. Entity Name GULF TILE DISTRIBUTORS OF FLORIDA, INC.					
Principal Place of Business 2318 WEST COLUMBUS DRIVE TAMPA, FL 33607				Mailing Address 2318 WEST COLUMBUS DRIVE TAMPA, FL 33607	
2. Principal Place of Business 8205 E. Adamo Dr Suite, Apt. #, etc.		3. Mailing Address 8205 E. Adamo Dr Suite, Apt. #, etc.		 03-14-05 90082 007 \$150.00 02212005 Chg-P CR2E034 (10/03) 05	
City & State Tampa FL Zip 33619 Country USA		City & State Tampa FL Zip 33619 Country USA		4. FEI Number 59-0896214	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, FRANK J 2318 WEST COLUMBUS DRIVE TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8205 E. Adamo Dr City Tampa FL Zip Code 33619	
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><i>[Signature]</i></u> (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. <input type="checkbox"/> \$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	PD GARCIA, FRANK J 6610 HEATHERTON CT TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, LYNETTE 6610 HEATHERTON CT TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/15/05</u> Daytime Phone # <u>813-254-1072</u>		

2052



Tile ♦ Stone ♦ Glass

Where *Beautiful* Rooms Begin
Family Owned & Operated Since 1960

8205 East Adamo Drive Tampa, FL 33619
Phone: 813.254.1072 Fax: 813.251.8366
www.gulftile.com

June 30, 2005

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Dear Sir or Madam:

Attached is the Annual Report for Gulf Tile Distributors of Fla., Inc. We did not receive the notice of rejection. We do show that the check originally sent in February did clear the bank in March. Please use this signed form to replace the rejected form. If there are any questions, please call.

Sincerely,

Stefanie Parrott
Accounting Manager
813-254-1072 ext 135