

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 233090

1. Entity Name
GULF TILE DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business
8205 E. ADAMO DRIVE
TAMPA, FL 33619

Mailing Address
8205 E. ADAMO DRIVE
TAMPA, FL 33619



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0896214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, FRANK J
8205 E. ADAMO DRIVE
TAMPA, FL 33619

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000001536106
05/08/06-80080-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, FRANK J
STREET ADDRESS 6610 HEATHERTON CT
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE S
NAME GARCIA, LYNETTE
STREET ADDRESS 6610 HEATHERTON CT
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #