2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 08:00 AM Secretary of State **DOCUMENT # 262945** 1. Entity Name GIRONE TILE AND FLOORS, INC. Mailing Address Principal Place of Business 1302 E BUSCH BLVD TAMPA FL 33612 1302 E BUSCH BLVD TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-0977083 Not Applicable Country Ζιρ Country Zιρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEAD, GERALD H. Street Address (P.O. Box Number is Not Acceptable) 12421 N.FLORIDA AVE., STE.B-133 **TAMPA FL 33612** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rounstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Addition ☐ Delete TITLE CALTAGIRONE, JENNIE NAME MARKE 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP DP Delete TITLE ☐ Change Addition TITLE CALTAGIRONE, MICHAEL NAME U00000075732 03/03/04-80071-017 150.00 STREET ADORESS STREET ADDRESS 1302-E BUSH BLVD. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE VST NAME NAME CALTAGIRONE, LOUIS STREET ADDRESS STREET ADDRESS 1302 E. BUSCH BLVD CITY - ST - ZIP CITY-ST-ZIP TAMPA FL D Delete TITLE Change Addition TITLE CALTAGIRONE, PHILIP P. NAME 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-78P

12. Thereby 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

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like empowered

changed, or on an attachment with anyaddress, with

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