

ANNUAL REPORT (AR)

DOCUMENT # 262945

1. Entity Name

GIRONE TILE AND FLOORS, INC.



FILED
Mar 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

1302 E BUSCH BLVD
TAMPA FL 33612

Mailing Address

1302 E BUSCH BLVD
TAMPA FL 33612

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-0977083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEAD, GERALD H.
12421 N. FLORIDA AVE., STE. B-133
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Louis P. Caltagirone
Signature typed or printed name of registered agent and title, applicable

Louis P. Caltagirone
(NOTE: Registered Agent signature required when reinstating)

3/15/07
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CALTAGIRONE, JENNIE
STREET ADDRESS 1302 E. BUSCH BLVD
CITY- ST- ZIP TAMPA FL

TITLE DP ☐ Delete
NAME CALTAGIRONE, MICHAEL
STREET ADDRESS 1302 E BUSH BLVD.
CITY- ST- ZIP TAMPA FL

TITLE VST ☐ Delete
NAME CALTAGIRONE, LOUIS
STREET ADDRESS 1302 E. BUSCH BLVD
CITY- ST- ZIP TAMPA FL

TITLE D ☐ Delete
NAME CALTAGIRONE, PHILIP P.
STREET ADDRESS 1302 E. BUSCH BLVD
CITY- ST- ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000673137
03/29/07-80016-016 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Louis P. Caltagirone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #