ANNUAL REPORT (AR)

DOCUMENT # 262945 FILED Mar 19, 2007 08:00 AM Secretary of State GIRONE TILE AND FLOORS, INC. Principal Place of Business Mailing Address 1302 E BUSCH BLVD 1302 E BUSCH'BLVD TAMPA FL 33612 Well Bar TAMPA FL 33612 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-0977083 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New 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** City 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 ander FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mat Delete ш Change Addition CALTAGIRONE, JENNIE NAME. NAMI 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS TAMPA FL CITY+S1-7IP CITY-ST-ZIP DP ___ Change ☐ Delete Addition HILE CALTAGIRONE.MICHAEL U00000673137 03/29/07-80016-016 150.00 1302-E BUSH BLVD. STIME IT ADDRESS STRUCT ADDRESS TAMPA FL CHY-SI-ZIP City-SI-Zip--MILE Delete TITLE Change Addition CALTAGIRONE, LOUIS NAME NAME 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY+SI-ZIP ☐ Delete 11111 □ Change ☐ Addition CALTAGIRONE, PHILIP P. NAME NAME 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS TAMPA FL CHY-ST-ZIP C/1Y-S1-7/P ше Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DILE Delete IIILI Change Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY+S1-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 eath; 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.

RECTOR P. CHATAGIRONE DOWN 3/0/67