


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 299678 1. Entity Name ANGELINI TILE COMPANY	
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Principal Place of Business
P O BOX 2223
3200 N. DAVIS STREET
PENSACOLA, FL 32503

Mailing Address
P O BOX 2223
3200 N. DAVIS STREET
PENSACOLA, FL 32503



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1110028	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRONU, A G
3200 N. DAVIS STREET
PENSACOLA, FL 32502

**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

U000000426547
02/20/06-80048-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRONU, TONY
STREET ADDRESS	3200 N. DAVIS STREET
CITY - ST - ZIP	PENSACOLA, FL
TITLE	DVP
NAME	TRONU, ROBERT
STREET ADDRESS	3200 N. DAVIS STREET
CITY - ST - ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 #

2/9/06 850 432 6768