2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 330603

1. Entity Name
ANELLO TILE & TERRAZZO INC

Principal Place of Business	Mailing Address
1116 W. CARMEN STREET TAMPA, FL 33606	1116 W. CARMEN STREET TAMPA, FL 33606

04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1211498
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDA, JOSEPH L
1904 W KENTUCKY AVE.
TAMPA, FL 33607

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUIDA, JOSEPH L
STREET ADDRESS	1904 W KENTUCKY AVE.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	CASTELLANO, KENNETH A
STREET ADDRESS	2118 W. KENTUCKY AVE.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	DIAZ, VICTORIA
STREET ADDRESS	6721 DONALD AVE.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	STD
NAME	NICHOLSON, MARILYN J
STREET ADDRESS	6704 PARADISE BAY WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80080-005 150.00

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12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn J Nicholson 4-29-05 8132533458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARILYN J NICHOLSON