

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 330603

1. Entity Name
ANELLO TILE & TERRAZZO INC



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

Mailing Address
**1116 W. CARMEN STREET
TAMPA, FL 33606**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1211498

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

**UN00000534565
05/08/06-80017-006 150.00**

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	

**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:

Marilyn J. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

Date

Office Phone #