

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**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**



04192007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000733609  
05/09/07-80092-022 150.00

**10. OFFICERS AND DIRECTORS**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marilyn J. Nicholson*

4/23/07