

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 615179

1. Entity Name
INTERNATIONAL CERAMICS, INC.



Principal Place of Business
**510 BROOKSIDE DRIVE
CLEARWATER, FL 34624-6243**

Mailing Address
**510 BROOKSIDE DRIVE
CLEARWATER, FL 34624-6243**



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1887645

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAZZINI, PETER
7464 132ND ST., NORTH
10
SEMINOLE, FL 33542**

**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

Peter Bazzini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

03/31/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000101772
04/02/04-80027-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAZZINI, PETER 7464 132ND ST NO SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAZZINI, DORIS M 7464 132ND ST NO SEMINOLE, FL 00000,
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**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

Doris M Bazzini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/31/04