

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # J46993

1. Entity Name
TONYS TILE SERVICE WEST INC.



Principal Place of Business
**8260 PASCAL DR.
PUNTA GORDA, FL 33950 US**

Mailing Address
**8260 PASCAL DRIVE
PUNTA GORDA, FL 33950 US**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2817286

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

**MARESCA, ANTHONY G., JR.
141 ANGOL STREET
PORT CHARLOTTE, FL 33983**

**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 reinstalling)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARESCA, ANTHONY G. JR.
141 ANGOL STREET
PORT CHARLOTTE, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARESCA, MICHELE
141 ANGOL STREET
PORT CHARLOTTE, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARESCA, MICHELE
141 ANGOL STREET
PORT CHARLOTTE, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARESCA, MICHELE
141 ANGOL STREET
PORT CHARLOTTE, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000282674
03/31/05-80050-018 150.00

**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 like empowered.

SIGNATURE:

Michele M Maresca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05
Date

941-575-774
Daytime Phone #