

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46993

FILED
Apr 24, 2009
Secretary of State

Entity Name: TONY'S TILE SERVICE WEST INC.

Current Principal Place of Business:

8260 PASCAL DR.
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

8260 PASCAL DRIVE
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2817286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARESCA, ANTHONY G., JR.
141 ANGOL STREET
PUNTA GORDA, FL 33983 US

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.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARESCA, ANTHONY G. JR.
Address: 141 ANGOL STREET
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: VP () Delete
Name: MARESCA, MICHELE
Address: 141 ANGOL STREET
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: S () Delete
Name: MARESCA, MICHELE
Address: 141 ANGOL STREET
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: T () Delete
Name: MARESCA, MICHELE
Address: 141 ANGOL STREET
City-St-Zip: PORT CHARLOTTE, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARESCA, ANTHONY G. JR.
Address: 141 ANGOL STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP (X) Change () Addition
Name: MARESCA, MICHELE
Address: 141 ANGOL STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: S (X) Change () Addition
Name: MARESCA, MICHELE
Address: 141 ANGOL STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE MARESCA

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date