


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L31142	
1. Entity Name GILBERT TILE & MARBLE, INC.	

Principal Place of Business 105 S HAMPTON DR JUPITER FL 33458 US	Mailing Address PO BOX 7489 JUPITER FL 33468-7489 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0166397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOFFOLI, BARBARA 105 S HAMPTON DR JUPITER FL 33458	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME TOFFOLI, BARBARA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 105 S HAMPTON DR		NAME	
CITY-ST-ZIP JUPITER FL		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	CITY-ST-ZIP	
ST	TOFFOLI, ROBERT		
STREET ADDRESS 5731 DOUGLAS ST			
CITY-ST-ZIP HOLLYWOOD FL 33021			
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Barbara Toffoli* **BARBARA TOFFOLI** **2-15-05** **561-747-8453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #