



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000004358		
1. Entity Name TONY TILE, INC.		
Principal Place of Business 6750 MARY LOU LN WESLEY CHAPEL, FL 33544		Mailing Address 6750 MARY LOU LN WESLEY CHAPEL, FL 33544
DO NOT WRITE IN THIS SPACE		
		01082007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3614341		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent		
SLAY, GEORGE 6750 MARY LOU LN ZEPHYRHILLS, FL 33544		DO NOT WRITE IN THIS SPACE
9. 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000582834 01/11/07-80047-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTACHIO, ANTHONY 5747 FIELDSPRING NEW PORT RICHIE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDOVA, RAYMOND 1107 FOX CHAPEL DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDOVA, SUSAN 1107 FOX CHAPEL DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLAY, JOANN 6750 MARY LOU LANE WESLEY CHAPEL, FL 33544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SLAY, GEORGE 6750 MARY LOU LANE WESLEY CHAPEL, FL 33544	
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:  RAYMOND CORDOVA		1-8-07 727 372-8327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone #