2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am

ANNOAL REPORT					Secretary of State				
DOCUMENT # P00000020427					01-18-2005 90053 027 ***150.00				
1. Entity Name					01-18-2003	90033 0	27 130).00	
CERAMIC CONSULTANTS, INC.									
·			900 WE TEN	<u></u>					
Principal Plac	e of Business	Mailing Address			40006	UAM		e, e.	
795 FERTRESS BLVD					Track Lating	مقبس	minger and desire in a	14.10	
STE STE DAYTONA DEACH EL 22114					Ž.				
DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114									
2. Principal Place of Business 795 Fen Tress Blvd 795 Fentress Blvd									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	9,5	01112005	Chg-P	CR2E0	34 (10/03)		
SLUI- Sity & Stat		Suite I		4. FEI Numb				olied For	
Day	tong Bch +L	Daytona a	ch th	59-363			Not	Applicable	
スクロリ	+ Volusia	32114	Volusia	5. Certificate	of Status Desired		\$8.75 Addit Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	<u> </u>	Address of New Re	gistered A	gent		
MALIGERI									
100 I ENTITE OF BEAD					er is Not Acceptable)		· ·	
STE I DAYTONA BEACH, FL 32114									
	,	•	City	<u></u>		FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or regi	istered agent, or bo	oth, in the State of Flo		amiliar with, a	ind accept	
the obligat	tions of registered agent,		•			•			
SiGNATURE.	Signature, typed or printed name of registered agent 4	nd title if applicable. (NOTE; R	adistered Agent signature rec	guired when reinstating)		DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the content of the con									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			<u>.</u>	,	
10.	OFFICERS AND I	DIRECTORS	11.	PINOITIONS	CHANGES TO OFFI	CEDS AND	DIRECTORS	INI 11	
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NAME	MAUGERI, RONALD G	- Delete	NAME				Onlings		
STREET ADDRESS	3126 SPRUCE CREEK BLVD		STREET ADDRESS						
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP						
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- STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					-	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		' • •		• • •	-	
12 Lhoroby	certify that the information supplied with	this filling does not qualify for the	ne exemption stated in	n Section 119.07(3))(i), Florida Statutes. I	further cer	lify that the inf	formation	
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 trastee 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.							ļ		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR					1-05	386.	257-4	688	
2.00	SIGNATURE AND TYPES ON R	RINTED NAME OF SIGNING OFFICER OF	DIRECTOR	J	Date	D	aytime Phone #		

Date