

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 050 ***150.00

DOCUMENT # P01000049774

1. Entity Name
SON TOUCHED TILE, INC.



Principal Place of Business
**16443 MCLAURY AVE.
PORT CHARLOTTE, FL 33954**

Mailing Address
**5900 S. TAMIAMU TRAIL
#1
SARASOTA, FL 34231**

50024601



2. Principal Place of Business

3. Mailing Address

P.O. Box 19319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005

Chg-P

CR2E034 (10/03)

City & State

City & State

SARASOTA, FL

4. FEI Number

65-1104191

Applied For

Not Applicable

Zip

Country

Zip

34276

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRACY, CATHERINE L
5900 S TAMIAMI TRAIL #1
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name

CATHERINE L. TRACY

Street Address (P.O. Box Number is Not Acceptable)

2058 CONSTITUTION Blvd.

City

SARASOTA

FL

Zip Code

34231

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

Catherine L. Tracy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-05

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
**DPST
CASEY, GEORGE A III
16443 MCLAURY AVE.
PORT CHARLOTTE, FL 33954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUILMETTE, DAVID R
7148 TOTEM AVENUE
NORTH PORT, FL 34287** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RAFAEL R. PEREZ
5811 13th Street East
Bradenton, FL 34203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

George A. Casey III President 2/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #