

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000050683**

1. Entity Name

**EXCLUSIVE TILE AND STONE INC.**



Principal Place of Business

**2825 BUSINESS CENTER BOULEVARD  
WICKHAM BUSINESS PARK, STE. C-3  
MELBOURNE, FL 32940**

Mailing Address

**2825 BUSINESS CENTER BOULEVARD  
WICKHAM BUSINESS PARK, STE. C-3  
MELBOURNE, FL 32940**



02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3739705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LIMONTA, ARTURO  
2825 BUSINESS CENTER BLVD  
SUITE C3  
MELBOURNE, FL 32940**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIMONTA, ARTURO
STREET ADDRESS	2825 BUSINESS CENTER BOULEVARD
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	VP
NAME	LIMONTA, AMY LYNN
STREET ADDRESS	2825 BUSINESS CENTER BOULEVARD
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/01/04-80082-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #