

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092161

Entity Name: A.D.S. TILE, INC.

FILED  
Aug 11, 2005  
Secretary of State

## Current Principal Place of Business:

513 BIRCH AVENUE SW  
PALM BAY, FL 39208

## New Principal Place of Business:

## Current Mailing Address:

513 BIRCH AVENUE SW  
PALM BAY, FL 39208

## New Mailing Address:

FEI Number: 71-0902278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIANNA, ANTHONY SR.  
513 BIRCH AVENUE SW  
PALM BAY, FL 39208 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: SCIANNA, ANTHONY SR.  
Address: 513 BIRCH AVENUE SW  
City-St-Zip: PALM BAY, FL 39208

Title: D, S ( ) Delete  
Name: SCIANNA, DOMINIC  
Address: 1014 FALCONER ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: D, V ( ) Delete  
Name: FALCONE, JAMES  
Address: 1698 SUNNYBROOK LN NE #G109  
City-St-Zip: PALM BAY, FL 32905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D, S (X) Change ( ) Addition  
Name: SCIANNA, DOMINICK  
Address: 995 FLOWER STREET NW  
City-St-Zip: PALM BAY, FL 32907

Title: D, V (X) Change ( ) Addition  
Name: FALCONE, JAMES  
Address: 1190 IRIQUOIS DRIVE  
City-St-Zip: BAREFOOT BAY, FL 32976

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SCIANNA

D,P

08/11/2005

Electronic Signature of Signing Officer or Director

Date