

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018569	
1. Entity Name DOMENIC IONADI TILE CONTRACTOR, INC.	

Principal Place of Business 1055 CHELSEA WAY PORT ORANGE, FL 32129	Mailing Address 1055 CHELSEA WAY PORT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0557254	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IONADI, DOMENIC
1055 CHELSEA WAY
PORT ORANGE, FL 32129

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D IONADI, DOMENIC 1055 CHELSEA WAY PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IONADI, DOMENIC 1055 CHELSEA WAY PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IONADI, JODI 1055 CHELSEA WAY PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IONADI, ROBERT 1055 CHELSEA WAY PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/06-80022-025 150.00

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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: Jodi Ionadi Jodi Ionadi 03-20-06 (382) 760-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/10/06: Jodi Ionadi