2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 08:00 AN Secretary of State

| DOCUMENT | ′# P030 | 00018569 |
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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



DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

| 4. FÉI Number | Applied For |
|----------------------------------|--------------------|
| 05-0557254 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional |

6. Name and Address of Current Registered Agent

IONADI, DOMENIC 1055 CHELSEA WAY PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

| | | | | | <u> </u> |
|---------------------------------------|---|--|-----------------|--------------------------------|--|
| | e named entity submits this statement for the p tions of registered agent. | ourpose of changing its registere | d office or i | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and talls to | f applicable. (NOTE: Registered | Agent signature | e required when reinstaling) | <u> </u> |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | 02714/08-80029-010 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | - | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IONADI, DOMENIC 1055 CHELSEA WAY PORT ORANGE, FL 32129 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | P IONADI, DOMENIC 1055 CHELSEA WAY PORT ORANGE, FL 32129 | | | | ÷. |
| NAME STREET ADDRESS CITY-ST-ZIP | ST IONADI, JODI 1055 CHELSEA WAY PORT ORANGE, FL 32129 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V IONADI, ROBERT 1055 CHELSEA WAY PORT ORANGE, FL 32129 | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | | | |

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.

| SI | GN | ATI | ŲΙ | ₹E: |
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CITY-ST-ZIP

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(386) 760-0425

Daytime Phone #