


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000100624</b> 1. Entity Name <b>EMANUELLI TILE, INC.</b>	
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Principal Place of Business <b>2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239</b>	Mailing Address <b>2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239</b>
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**DO NOT WRITE IN THIS SPACE**



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0706453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  
**EMANUELLI, MARIO  
2228 BAHIA VISTA  
UNIT C5  
SARASOTA, FL 34239**

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IN THIS SPACE**

9. 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 reappointing)

**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	<b>PRES EMANUELLI, MARIO 2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EMANUELLI, SOPHIA 2228 BAHIA VISTA UNIT C5 SARASOTA, FL 34239</b>
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02/21/05-80082-019 150.00

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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)(i), 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 line empowered.

**SIGNATURE:** Sophia C. Emanuelli **SOPHIA EMANUELLI** 2-18-05 (941) 362-4401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #