

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107037

1. Entity Name
AGOSTINI & CRAMER TILE DISTRIBUTIONS, INC.



Principal Place of Business
5595 SCHENCK AVE, STE 6
ROCKLEDGE, FL 32955

Mailing Address
5595 SCHENCK AVE, STE 6
ROCKLEDGE, FL 32955

FILED
May 18, 2005 08:00 AM
Secretary of State



05152005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4540514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGOSTINI, GORDON R
5595 SCHENCK AVE, STE 6
ROCKLEDGE, FL 32955

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

000000367552
05/18/05-80007-009 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME AGOSTINI, GORDON R
STREET ADDRESS 143 CLAIRBOURNE AVE
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE D
NAME CRAMER, THOMAS E
STREET ADDRESS 15233 ROYAL GEORGIAN
CITY-ST-ZIP ORLAND PARK, IL 60462

TITLE D
NAME PAPE, LISA R
STREET ADDRESS 5192 CHAVES CIRCLE
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE D
NAME MALONEY, CELINA M
STREET ADDRESS 143 CLAIRBOURNE AVE.
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 like empowered.

SIGNATURE:

Gordon Agostini

5/15/05

(321) 917-4787

Date

Daytime Phone #