

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131409

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** MAURELLO'S TILE & STONE, INC.

**Current Principal Place of Business:**

2318 TIMBERGROVE DR  
VALRICO, FL 33594

**New Principal Place of Business:**

2318 TIMBERGROVE DR  
VALRICO, FL 33596

**Current Mailing Address:**

2318 TIMBERGROVE DR  
VALRICO, FL 33594

**New Mailing Address:**

2318 TIMBERGROVE DR  
VALRICO, FL 33596

FEI Number: 20-0403708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFREY A. DOWD, P.A.  
609 W. LUMSDEN ROAD  
BRANDON, FL 33511 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MAURELLO, ROBERT A  
Address: 2318 TIMBERGROVE DR  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MAURELLO, ROBERT A  
Address: 2318 TIMBERGROVE DR  
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT A. MAURELLO

PRES

04/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date