

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000137536

1. Entity Name
TONY'S TILE DESIGN, INC.



Principal Place of Business
**1902 S PALOMAR DRIVE
DELTONA, FL 32738**

Mailing Address
**1902 S PALOMAR DRIVE
DELTONA, FL 32738**



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0426599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EBBETS, CHOBEE ESQ
210 SOUTH BEACH ST
STE 200
DAYTONA BEACH, FL 32115**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **VITALE, ANTHONY J**
STREET ADDRESS **1902 S PALOMAR DRIVE**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **P**
NAME **VITALE, CATHERINE**
STREET ADDRESS **1902 S PALOMAR DRIVE**
CITY-ST-ZIP **DELTONA, FL 32738**

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IN THIS SPACE**

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: Catherine Vitale **CATHERINE VITALE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W April 24, 2008 **386 860 2554**
Date Daytime Phone #