

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90452 002 \*\*\*150.00

66425271



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000138284</b> 1. Entity Name <b>T P CERAMIC TILE CONTRACTOR INC.</b>																																																																	
Principal Place of Business <b>40523 HORIZON DR SPRING HILL FL 34608 US 1335 MAXIMILIAN AVE SPRING HILL FL 34609</b>			Mailing Address <b>10523 HORIZON DR SPRING HILL FL 34608 US 1335 MAXIMILIAN AVE SPRING HILL FL 34609</b>																																																														
2. Principal Place of Business <b>1335 MAXIMILIAN AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1335 MAXIMILIAN AVE</b> Suite, Apt. #, etc.																																																															
City & State <b>SPRING HILL FLORIDA</b> Zip <b>34609</b>		City & State <b>SPRING HILL FLORIDA</b> Zip <b>34609</b>		4. FEI Number <b>20-0426049</b>																																																													
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																													
6. Name and Address of Current Registered Agent <b>PASTORE, ANTHONY C 10523 HORIZON DR. SPRING HILL FL 34608 1335 MAXIMILIAN AVE SPRING HILL FL 34609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																													
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 <u><b>ANTHONY C. PASTORE</b></u> <u><i>[Signature]</i></u> <u><b>4-30-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004: Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: right;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PASTORE, ANTHONY C</td> <td>10523 HORIZON DR. 1335 MAXIMILIAN AVE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>SPRING HILL FL 34608</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>SPRING HILL FL 34609</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		PASTORE, ANTHONY C	10523 HORIZON DR. 1335 MAXIMILIAN AVE					SPRING HILL FL 34608					SPRING HILL FL 34609			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: right;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>4-30-04</b></u> <u><b>(352) 683-2789</b></u> <small>Date Daytime Phone</small>																																																														