

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140827

1. Entity Name

SCOTT BENASSI TILE, INC.



Principal Place of Business

7947 KENNEDY LANE
SARASOTA FL 32440

Mailing Address

7947 KENNEDY LANE
SARASOTA FL 32440



2. Principal Place of Business

7947 KENNEDY LANE
Suite, Apt. #, etc.

3. Mailing Address

7947 KENNEDY LANE
Suite, Apt. #, etc.

1st MOORE

CRZE034 (10/05)

City & State

SARASOTA FL
32440 USA

City & State

SARASOTA FL
32440 USA

4. FET Number

20-0449122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRY O'HOLLORAN WEST COAST ACCOUNTING
3569 WEBBER ST
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME BENASSI, SCOTT
STREET ADDRESS 7947 KENNEDY LANE
CITY-ST-ZIP SARASOTA FL 32440 ☐ Delete

TITLE V
NAME BENASSI, MICHELLE
STREET ADDRESS 7947 KENNEDY LANE
CITY-ST-ZIP SARASOTA FL 32440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
U00000430308
02/22/06-80044-005 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MICHELLE BENASSI

1/6/06

941-923-7850