2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000143567

1. Entity Name
SANTINO'S TILE, INC.

Principal Place of Business	Mailing Address
11640 GROVEWOOD BLVD.	11640 GROVEWOOD BLVD.
LAND O'LAKES, FL 34638 US	LAND O'LAKES, FL 34638 US

DO NOT WRITE IN THIS SPACE

02222006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0436177	Not Applicable

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

6. Name and Address of Current Registered Agent

ANCONA, SAMUEL
11640 GROVEWOOD BLVD.
LAND O'LAKES, FL 34638

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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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	ANCONA, SAMUEL
STREET ADDRESS	11640 GROVEWOOD BLVD.
CITY-ST-ZIP	LAND O'LAKES, FL 34638
TITLE	V
NAME	ANCONA, AMY
STREET ADDRESS	11640 GROVEWOOD BLVD.
CITY-ST-ZIP	LAND O'LAKES, FL 34638
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: X _Amy Ancona_   Amy Ancona   X 2-28-06   813-996-3136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #