

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90276 025 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000107787

1. Entity Name
T & C TILE AND MARBLE, INC.



Principal Place of Business
4265 18 PL SW
NAPLES, FL 34116

Mailing Address
4265 18 PL SW
NAPLES, FL 34116

40086826



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-1396897

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, TOMAS F
4265 18 PL SW
NAPLES, FL 34116

Name

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

Tomas F. Lopez

TOMAS F. LOPEZ
PRESIDENT

3/5/06

Signature, typed or printed name of registered agent and fee dispositive

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEB 18 \$150.00
After May 1, 2006 Fee will be \$850.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LOPEZ, TOMAS F
4265 18TH PL SW
NAPLES, FL 34116

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CARCAMO, CARLOS H
4265 18TH PL SW
NAPLES, FL 34116

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
CARCAMO, SADY J.
4265 18TH PL SW
NAPLES, FL 34116
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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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: *Tomas F. Lopez* TOMAS F. LOPEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06

239-354-9145

Date Daytime Phone #