

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 22 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000114515

1. Entity Name
MILLENNIUM TILE & MARBLE OF S.W. FLORIDA, INC.



Principal Place of Business
2940 WALPEAR STREET
UNIT 3
FORT MYERS, FL 33916

Mailing Address
2940 WALPEAR STREET
UNIT 3
FORT MYERS, FL 33916

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 7024

Suite, Apt. #, etc.

Suite, Apt. #, etc.



06/14/07 90001 009 \$158.75
05312007 Chg-P CR2E034 (12/06)

City & State

City & State
FT. MYERS, FL

4. FEI Number
33-1098859

Applied For
Not Applicable

Zip

Country

Zip
33911

Country
USA

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

TOMASIK, ELIZABETH J
709 SW 4TH TERRACE
CAPE CORAL, FL 33991

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 Elizabeth J. Tomasik

Signature and or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/31/07

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LEAL, FRANCISCO
STREET ADDRESS 625 SW 4TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE P ☒ Change ☐ Addition
NAME LEAL, FRANCISCO
STREET ADDRESS 705 S.W. 4TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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 in an address, with all other like empowered.

SIGNATURE: [Signature]
Signature and or printed name of signing officer or director

5/31/07

Date

(239) 332-8990

Daytime Phone #