

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 021 ***150.00

DOCUMENT # P05000040219

1. Entity Name

C&C TILE OF VOLUSIA COUNTY INC.



Principal Place of Business

511 ORA STREET
DAYTONA BEACH FL 32118

Mailing Address

511 ORA STREET
DAYTONA BEACH FL 32118

2. Principal Place of Business

1529 Elgin ST.
Suite, Apt. #, etc.

3. Mailing Address

1529 Elgin ST.
Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Holly Hill FL

4. FEI Number

37-1506972

Applied For

Not Applicable

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CRUISE, CARLOS LUIS
511 ORA STREET
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: Carlos, Cruise
Street Address (P.O. Box Number is Not Acceptable):
1529 Elgin ST.
Holly Hill
City: Holly Hill, FL Zip Code: 32117

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

Carlos Cruise

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/26/06

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: P
NAME: CRUISE, CARLOS LUIS
STREET ADDRESS: 511 ORA STREET
CITY-ST-ZIP: DAYTONA BEACH FL 32118
☒ Delete

TITLE: P
NAME: CRUISE, CARLOS LUIS
STREET ADDRESS: 1529 ELGIN ST
CITY-ST-ZIP: HOLLY HILL, FL 32117
☐ Delete

TITLE: ~~CRUISE, CARLOS LUIS~~
NAME: ~~CRUISE, CARLOS LUIS~~
STREET ADDRESS: ~~1529 ELGIN ST~~
CITY-ST-ZIP: ~~HOLLY HILL, FL 32117~~
☐ Delete

TITLE:
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CITY-ST-ZIP:
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TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
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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:

Carlos Cruise

CARLOS CRUISE

4/26/06 (386) 852-3659