

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000057513

1. Entity Name
SALVIA TILE & STONE, INC.



Principal Place of Business

**303 AIRPORT ROAD
NAPLES, FL 34104**

Mailing Address

**303 AIRPORT ROAD
NAPLES, FL 34104**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0307479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALVIA, GERARDO
303 AIRPORT ROAD
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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)

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01/30/07-80050-021 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALVIA, GERARDO
STREET ADDRESS	303 AIRPORT ROAD
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	SALVIA, GIUSEPPO
STREET ADDRESS	303 AIRPORT ROAD
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	WOOD, DAVID
STREET ADDRESS	303 AIRPORT ROAD
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	CUSHING, STEVE
STREET ADDRESS	303 AIRPORT ROAD
CITY-ST-ZIP	NAPLES, FL 34104
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: *Gerardo Salvia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 239643 0040