


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 003 ***150.00

DOCUMENT # P06000106306

1. Entity Name
ELITE TILE & GROUT RESTORATION, INC.



Principal Place of Business Mailing Address
706 PHOENIX AVENUE **706 PHOENIX AVENUE**
CLEARWATER, FL 33756 **CLEARWATER, FL 33756**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40010474



01252007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3787589 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CASTAGNA, EDWARD C JR.
611 DRUID ROAD EAST
SUITE 710
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, FRANK 706 PHOENIX AVENUE CLEARWATER, FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francis E. Peters* **FRANCIS E. PETERS** *2/4/07*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *727-461-1451*

ATTACHMENT

BRUCE M. SZABO P.A.

Certified Public Accountant

Member:
American Institute of CPAs
Florida Institute of CPAs
Ohio Society of CPAs

40010474
P06000106306

Member:
Institute of Management Accountants
North Carolina Association of CPAs

CORPORATE REPORT AND PERSONAL PROPERTY TAXES

Name: ELITE TILE + GROUT RESTORATION Date: JANUARY 25, 2007

- Corporation Annual Report: **Caution: Please review the information concerning officers and directors and make any necessary changes.**
- (1) Mail before May 1
 - (2) Sign and date return
 - (3) Enclose a check for \$150.00 payable to Department of State
 - (4) Mail to:
Annual Reports - Division of Corporations Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

- _____ Intangible Personal Property:
- (1) Mail before _____ for _____ % discount
 - (2) Sign and date return
 - (3) Enclose a check for \$ _____ payable to: Florida Department of Revenue
 - (4) Mail to:
Florida Department of Revenue
5050 West Tennessee Street - Building K
Tallahassee, Florida 32399-0140

- _____ Tangible Personal Property:
- (1) Mail before April 1
 - (2) Sign and date return
 - (3) Mail to the **appropriate tax assessor:**

Pinellas County
Property Appraiser
PO Box 1957
Clearwater, FL 33757-1957

Pasco County
Property Appraiser
PO Box 401
Dade City, FL 33526-0401

Hillsborough County
Property Appraiser
16th Floor, County Ctr
601 E. Kennedy Blvd.
Tampa, FL 33602-4910