

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023820

FILED  
Mar 02, 2010  
Secretary of State

Entity Name: DOCTOR TILE RESTORATION, INC.

**Current Principal Place of Business:**

6102 HICKORY DR  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

6102 HICKORY DR  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 80-0372409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABBONDONDOLO, THOMAS  
66 SE DEAN TERRACE  
PORT ST LUCIE, FL 34982 US

**Name and Address of New Registered Agent:**

ABBONDONDOLO, THOMAS  
2086 SE EATONVILLE DR.  
PORT ST LUCIE, FL 34952 US

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.

SIGNATURE: THOMAS ABBONDONDOLO

03/02/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ABBONDONDOLO, THOMAS  
Address: 2086 SE EATONVILLE DR.  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS ABBONDODONOLO

PRES

03/02/2010

Electronic Signature of Signing Officer or Director

Date