

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041407

Entity Name: ITALIAN TILE CENTER, INC.

FILED  
Mar 01, 2005  
Secretary of State

## Current Principal Place of Business:

3939 FORSYTH RD  
WINTER PARK, FL 32792 US

## New Principal Place of Business:

## Current Mailing Address:

3939 FORSYTH RD  
WINTER PARK, FL 32792 US

## New Mailing Address:

FEI Number: 59-3185310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AVALLONE, FRANK P  
6966 ALOMA AVE.  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

AVALLONE, FRANK P  
3939 FORSYTH ROAD  
WINTER PARK, FL 32792 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: FRANK P. AVALLONE

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AVALLONE, FRANK P  
Address: 1588 S LYONS CT  
City-St-Zip: OVIEDO, FL

Title: T ( ) Delete  
Name: AVALLONE, TINA  
Address: 1588 S LYONS CT  
City-St-Zip: WINTER PARK, FL

Title: VP ( ) Delete  
Name: WELDING, JAMES T  
Address: 2453 FOXWOOD CT.  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: WELDING, MARINA  
Address: 2453 FOXWOOD CT.  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WELDING, JAMES T  
Address: 1588 S. LYONS COURT  
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition  
Name: WELDING, MARINA  
Address: 1588 S. LYONS COURT  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK P. AVALLONE

PRES

03/01/2005

Electronic Signature of Signing Officer or Director

Date