


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 020 ***150.00

DOCUMENT # P93000065518 1. Entity Name CIANO'S TILE & MARBLE, INC.					
Principal Place of Business 5680 HALIFAX AVE. FORT MYERS, FL 33912 US			Mailing Address 5680 HALIFAX AVE. FORT MYERS, FL 33912 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 65-0441436	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CIANO, PAUL 15721 GLENDALE LANE FORT MYERS, FL 33912				Name Street Address (P.O. Box Number is Not Acceptable). City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CIANO, PAUL 5611 HALIFAX AVENUE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CIANO, PAUL 5680 HALIFAX AVE. FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABLOTNY, MARY 9271 CENTRAL PK DR D205 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABLOTNY, MARY KAY 9271 CENTRAL PARK DR. D205 FORT MYERS, FL 33919	
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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: <i>Paul Ciano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-2-06 <small>Date</small>		239-267-8453 <small>Daytime Phone #</small>