

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098161

Entity Name: K.C. TILES & MARBLE, INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

3900 ARNOLD AVE.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3900 ARNOLD AVE.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0712052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, MARIO
3799 WHITE BLVD.
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TRUJILLO, JOEL
Address: 191 1ST STREET SW
City-St-Zip: NAPLES, FL 34117

Title: P () Delete
Name: RODRIGUEZ, MARIO
Address: 3799 WHITE BLVD.
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOEL TRUJILLO

VP

08/31/2005

Electronic Signature of Signing Officer or Director

_____ Date