


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90155 021 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P98000064208 1. Entity Name O.T.I. OMEGA TILE INSTALLATION INC. | | | |  | |
| Principal Place of Business 693 GRAND RAPIDS BLVD. NAPLES, FL 34120 | | | Mailing Address 693 GRAND RAPIDS BLVD. NAPLES, FL 34120 | | |
| 2. Principal Place of Business 693 GRAND RAPIDS BLVD | | 3. Mailing Address 693 GRAND RAPIDS BLVD. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State NAPLES, FL. | | City & State NAPLES, FL. | | 4. FEI Number 65-0256834 | |
| Zip 34120 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 34120 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIRAMACCA, JAMES K 693 GRAND RAPIDS BLVD. NAPLES, FL 34120 | | | 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P DIRAMACCA, JAMES K 693 GRAND RAPIDS BLVD NAPLES, FL 34120 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT DIRAMACCA, KAREN 693 GRAND RAPIDS BLVD. NAPLES, FL 34120 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TORRISI, RUSSEL 5210 BIRMINGHAM DR #201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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>James K. Diramacca</i> James K. Diramacca 4/23/05 239 494 2449 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> | | | | | |