

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000067843

1. Entity Name
ELEGANT TILE & MARBLE, INC.



Principal Place of Business
634-101ST AVENUE NORTH
NAPLES, FL 34108

Mailing Address
634-101ST AVENUE NORTH
NAPLES, FL 34108



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3527227

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCO, JULIO
634-101ST AVENUE NORTH
NAPLES, FL 34108

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

1000000410567

02/09/06 68841 025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BLANCO, JULIO Y.
634 101ST AVENUE NORTH
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
BLANCO, JULIO
634 101 ST AVENUE NORTH
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BLANCO, MIRA
634 101ST AVENUE NORTH
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #