

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S89937 1. Entity Name SAN MARCO FLOOR & WALL, INC.	
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Principal Place of Business 1711 SAN MARCO RD. MARCO ISLAND, FL 33937	Mailing Address 1711 SAN MARCO RD. MARCO ISLAND, FL 33937
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0292371	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PASCALE, WILLIAM 1711 SAN MARCO RD. MARCO ISLAND, FL 33937	DO NOT WRITE IN THIS SPACE
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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 _____
Signature: typed or printed name of registered agent and file if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D PASCALE, WILLIAM 1711 SAN MARCO RD. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D PASCALE, CHRISTOPHER 1711 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D PASCALE, GREGORR 1711 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D PASCALE, MICHAEL 1711 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/05/05-80024-014 158.75

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>Michael Pascale</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>2/1/05</i> Date	<i>235-825-1077</i> Daytime Phone #
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