


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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



04112006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0292371	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 PASCALE, WILLIAM 1711 SAN MARCO RD. MARCO ISLAND, FL 33937

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

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
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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	VPVD PASCALE, CHRISTOPHER 1711 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPVD PASCALE, GREGORR 1711 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPVD PASCALE, MICHAEL 1711 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000530093
05/05/06-80102-014 150.00

**DO NOT WRITE
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: Michael Pascale 4/19/06 239-430-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #