2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # V05607** 1. Entity Name 02-23-2005 90071 019 ***150.00 LTS TILE GALLERY, INC. Principal Place of Business Mailing Address 4188 ELECTRIC WAY CHARLOTTE HARBOR FL 33980 3427 TAMIAMI TR. PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0316471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOMBARDO, DENNIS Street Address (P.O. Box Number is Not Acceptable) 4188 ELECTRIC WAY CHARLOTTE HARBOR FL 33980 City 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 Signature, lyoed or granted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Tresident TITLE ☐ Addition THILE Delete Ires iotent Lombardo, Diàna 3650 Como F. LOMBARDO, DIANA NAME STREET ADDRESS STREET ADDRESS 3650 COMO ST. Charlotte, A. 33948 CITY-ST-ZIP PORT CHARLOTTE FL 33948 CITY-ST-ZIP Vice Hesident Change ☐ Addition TITLE ☐ Delete TITLE Lombardo, Dennis LOMBARDO, DENNIS NAME MAME 3650 Como St. 3650 COMO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33948 CITY-ST-ZIP THILE. - _ □ Delete THILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TATLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: 🔼

CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05 4

FILED

441-629-2825

Daytme Phone #