

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # V05607

1. Entity Name
LTS TILE GALLERY, INC.



Principal Place of Business
4188 ELECTRIC WAY
PORT CHARLOTTE, FL 33980 OS

Mailing Address
4188 ELECTRIC WAY
PORT CHARLOTTE, FL 33980 OS

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0316471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDO, DENNIS
4188 ELECTRIC WAY
CHARLOTTE HARBOR, FL 33980

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOMBARDO, DIANA
STREET ADDRESS 3650 COMO ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE VP
NAME LOMBARDO, DENNIS
STREET ADDRESS 3650 COMO ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000833030
02/27/08-80083-015 150.00

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

Date

941-629-2825

Daytime Phone #