2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000033475

1. *Entity Name*
V.I.P. PAINTING, WATERPROOFING & CONCRETE RESTORATION, INC.

Principal Place of Business	Mailing Address
11540 WILES ROAD BAY 5 CORAL SPRINGS, FL 33076	11540 WILES ROAD BAY 5 CORAL SPRINGS, FL 33076

DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3633012 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

CALDWELL, JAMES ALEX
11540 WILES ROAD
BAY 5
CORAL SPRINGS, FL 33076

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CALDWELL, JAMES ALEX
STREET ADDRESS	6781 WILD ORCHID TR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DV
NAME	CALDWELL, MICHELLE
STREET ADDRESS	6781 WILD ORCHID TR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DV
NAME	HUMENYI, STEPHEN J
STREET ADDRESS	6261 NE 20TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	TS
NAME	SCHIAPO, ROSEMARY
STREET ADDRESS	5379 NW 60 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	V
NAME	COTNOIR, CRAIG S
STREET ADDRESS	1759 NW 80TH AVE
CITY-ST-ZIP	MARGATE, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James Alex Caldwell 4/23/07 954.344.4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James Alex Caldwell