


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90128 036 \*\*\*158.75

**DOCUMENT # P03000002624**

1. Entity Name  
**ZANNINI PAINTING INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1948 SE PORT ST. LUCIE BLVD.<br/>         PORT ST. LUCIE, FL 34952</b> | Mailing Address<br><b>1948 SE PORT ST. LUCIE BLVD.<br/>         PORT ST. LUCIE, FL 34952</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>02-0648671</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**ZANNINI, JOANNE  
 1948 SE PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE, FL 34952**

**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 constituting) \_\_\_\_\_ DATE \_\_\_\_\_

**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**

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ZANNINI, JOANNE<br>1948 SE PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Vice President<br>MAURIZIO RICCI<br>187 SE Village DRIVE<br>Port St. Lucie, FL 34952 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | President<br>LOUIS ZANNINI<br>237 SE Village DRIVE<br>Port St. Lucie, FL 34952       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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: Joanne Zannini **4-6-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/170 Phone #