FILED
Jul 01, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019022

1. Entity Name
SANSOSTI PAINT & WALLPAPER CO.,INC.

Principal Place of Business	Mailing Address
127 SOUTH SUMTER AVE ARCADIA, FL 34266	127 SOUTH SUMTER AVE ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

08292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1173888
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANSOTI, PHILLIP M
127 SOUTH SUMTER AVE
ARCADIA, FL 34266

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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 ______________________________
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANSOSTI, PHILLIP M
STREET ADDRESS	127 SOUTH SUMTER AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	SANSOSTI, MARIO J
STREET ADDRESS	524 EAST MAGNOLIA ST
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: X Mario J Sansosti 6-29-05 863-491-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #