

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 001 ***150.00

DOCUMENT # P04000154945

1. Entity Name

NEW PAINTING & REMODELING INC



Principal Place of Business

**2454 RIO PINAR LAKES BLVD
ORLANDO FL 32822**

Mailing Address

**2454 RIO PINAR LAKES BLVD
ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1890377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLOS, ARTURO
2454 RIO PINAR LAKES BLVD
ORLANDO FL 32822**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: **D** ☐ Delete
NAME: **CARLOS, ARTURO**
STREET ADDRESS: **2454 RIO PINAR LAKES BLVD**
CITY - ST - ZIP: **ORLANDO FL 32822**

TITLE: **D** ☐ Delete
NAME: **CARLOS, ALEJANDRO**
STREET ADDRESS: **2454 RIO PINAR LAKES BLVD**
CITY - ST - ZIP: **ORLANDO FL 32822**

TITLE: **D** ☐ Delete
NAME: **MORENO, SAUL**
STREET ADDRESS: **2454 RIO PINAR BLVD**
CITY - ST - ZIP: **ORLANDO FL 32822**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05 407 595 6697
Date Daytime Phone #