

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90025 016 \*\*\*150.00

**DOCUMENT # P04000164492**

1. Entity Name  
VERA DECORATIVE PAINTING INC



Principal Place of Business  
4224 MICHIGAN AVENUE  
#24  
FT. MYERS, FL 33976

Mailing Address  
P O BOX 51585  
FT MYERS, FL 33994



03072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1971163

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VERA, EDGAR M  
4224 MICHIGAN AVENUE  
*Apr 314*  
FT. MYERS, FL 33976

**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, 2006 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	VERA, EDGAR M
STREET ADDRESS	4224 MICHIGAN AVENUE APT #314
CITY-ST-ZIP	FT. MYERS, FL 33976
TITLE	VP
NAME	BADILLO, JAMES JR
STREET ADDRESS	15113 IONA RD #6
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	S
NAME	OTERO, JOSE L
STREET ADDRESS	501 VAN BUREN #H3
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE: Edgar Mons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

239 410 4478

Daytime Phone #