

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-04-2007 90172 014 ***150.00

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FILED


2007 APR 26 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

40045757



03302007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000032390			
1. Entity Name ANTHONY'S DECORATIVE PAINTING INC.			
Principal Place of Business 10630 NOAH'S CIRCLE, APT. #810 NAPLES, FL 34116		Mailing Address 10630 NOAH'S CIRCLE, APT. #810 NAPLES, FL 34116	
2. Principal Place of Business - No P.O. Box # 106 Avenue North Suite, Apt. #, etc. 619		3. Mailing Address 106 Avenue North Suite, Apt. #, etc. 619	
City & State Naples, FL Zip 34108 Country Collier		City & State Naples, FL Zip 34108 Country Collier	
4. FEI Number 20-2432013		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ANTHONY C 10630 NOAH'S CIRCLE, APT. #810 NAPLES, FL 34116		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ANTHONY C 5301 23RD CT. SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 Avenue North, #619 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAVEZ, MIGUEL T 5326 JENNINGS ST. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSORIO, ISRAEL R 5333 TRAMMEL ST. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ANTHONY CHAVEZ PEREZ Anthony Chavez Perez 3/30 07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

239 410-2952