


8/23/04 90014 044 \$150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**

05 MAR -4 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000126863</b>					
1. Entity Name <b>SPIRO PAINTING OF SOUTHWEST FLORIDA, INC</b>					
Principal Place of Business <b>619 99TH AVE. NW NAPLES, FL 34108</b>			Mailing Address <b>619 99TH AVE. NW NAPLES, FL 34108</b>		
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 <b>20-0371002</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MANTADAKIS-SPYRIDON 619 99TH AVE. NW NAPLES, FL 34108</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PVST MANTADAKIS, SPYALOON <input type="checkbox"/> Delete	TITLE NAME	PVST MANTADAKIS-SPYRIDON <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	619 99TH AVE NW NAPLES, FL 34108	STREET ADDRESS CITY-ST-ZIP	619 99th AVE NW NAPLES FL 34108		
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS CITY-ST-ZIP		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: <b>SPIROS MANTADAKIS</b>			2/5/05 939-250-9371		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

MRD