## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2005 08:00 AM Secretary of State

| ANNUAL REPORT  |  |                            | Apr 0/, 2005 08:00 A   |   |  |  |
|--|--|----------------------------|--|---|--|--|
| DOCUMENT # P03000134338  |  |                            | ]  | Seci                                    | etary of State   |  |
| 1. Entity Name ANTONIO R. COTILLO PAINTING, INC.   |  |                            |  |   |  |  |
|  |  | 1000                       |  |   |  |  |
| · · · · · · · · · · · · · · · · · · ·  | iling Address  |                            | ]  |   |  |  |
| 1822 FOUR MILE COVE PARKWAY 1822 FOUR MILE COVE PARKWAY CAPE CORAL, FL 33990 CAPE CORAL, FL 33990                |  |                            |  |   |  |  |
|  |  |                            | {<br>1   | IND ANN BROWN BROWN THIS                | ATMARE TERM MEMBAN CERNON MICHAE EN MANGE  |  |
| M. Taylor  | A RESERVE OF THE PROPERTY OF T | The same of the second of  | ez   |   |  |  |
| DO NOT WRITE IN THIS SPACE   |  |                            | 04042005 No Chg-P CR2E034 (10/03)  |   |  |  |
|  |  |                            |  |   |  |  |
|  |  | 4. FEI Number 71-09565     | 522  | Applied For Not Applicable              |  |  |
|  |  |                            | 5. Certificate of  | Status Desired                          | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registe   | ered Agent   |                            |  | - · · · · · · · · · · · · · · · · · · · | , co required  |  |
| EPSTEIN, ANDREW S  | ,  |                            | DO 1   | IOT W                                   |  |  |
| ANDREW S. EPSTEIN, P.A.<br>2120 MCGREGOR BLVD  |  |                            |  | OT WI                                   |  |  |
| FT MYERS, FL 33901   |  | <u> </u>                   | IN TI  | HIS SP                                  | ACE  |  |
|  |  |                            |  |   |  |  |
| <ol> <li>The above named entity submits this statement for the puthe obligations of registered agent.</li> </ol> | rpose of changing its register   | ed office or register      | ed agent, or both, i   | in the State of Flor                    | da. I am familiar with, and accept   |  |
|  |  |                            |  |   |  |  |
| SIGNATURE Signature, typod or printed name of registered agent and title if a                                    | applicable '(NOTE Registere  | d Agent signature required | when reinstating)  | <del></del>                             | DATE   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00  | Election Campaign Finar<br>Trust Fund Contribution.  |                            | 00 May Be<br>ed to Fees  |   |  |  |
| 10. OFFICERS AND DIRECT  | rors   |                            |  | AND DESCRIPTION OF THE PARTY.           | · · · · · · · · · · · · · · · · · · ·  |  |
| TITLE D  NAME COTILLO, ANTONIO   |  |                            |  |   | ar emiliarity to high  |  |
| STREET ADDRESS 1822 FOUR MILE COVE PARKWAY   |  |                            |  | UOOOOG                                  | 290907   |  |
| CITY-ST-ZIP CAPE CORAL, FL 33990   | <u>-</u>   | <u></u>                    | <u> </u>   | 04/07/05-8                              | 290907<br>80003-005 150.00   |  |
| NAME   |  |                            |  |   |  |  |
| STREET ADDRESS  CITY-ST-ZIP  |  | l                          |  |   |  |  |
| TITLE  |  |                            | 3 - 1474 - 1744), 18 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 |   | Sandana Taylan and a say of the state  |  |
| NAME<br>STREET ADDRESS   |  |                            |  |   |  |  |
| CITY-ST-ZIP  | الإنساء والمرطوف أبأن بدين   |                            | DO N   | NOT W                                   | RITE   |  |
| INL<br>NAME  |  | IN THIS SPACE              |  |   |  |  |
| NAME<br>STREET ADDRESS   |  |                            | ,  |   | a  |  |
| CITY-ST-ZIP  |  | <b>-</b>                   |  |   |  |  |
| TITLE NAME   |  |                            |  |   | <del>V </del>  |  |
| STREET ADDRESS   |  | •                          |  |   |  |  |
| CITY-ST-ZIP  |  | I                          | ·  |   | AND THE PARTY OF T |  |
|  |  |                            |  |   |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 1-339-233-5437 Date Daytime Phone #