

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90547 001 \*\*\*300.00

**DOCUMENT # 372941**

1. Entity Name  
T & S PAINTING AND DECORATING, INC.



Principal Place of Business  
4314 HARTFORD ST.  
TAMPA, FL 33619

Mailing Address  
4314 HARTFORD ST.  
TAMPA, FL 33619

**66010018**



03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1317387

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TRAINA, JOSEPH  
4314 HARTFORD ST.  
TAMPA, FL 33619

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
TRAINA, ROSE LEE  
4314 HARTFORD ST.  
TAMPA, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
TRAINA, JOSEPH  
4314 HARTFORD ST.  
TAMPA, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
TRAINA, MARK  
1719 CARNEGIE CIRCLE  
TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GREENE, TAMMY L  
533 GENESSEE SDT  
TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GREENE, TAMMY L.  
501 W. GENESSE STREET  
TAMPA, FL

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ROSA LEE TRAINA*

Date

Daytime Phone #

*813*