

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 587106

1. Entity Name
LONG ISLAND PAINTING COMPANY



Principal Place of Business
**8339 DUOMO CIR
BOYNTON BEACH, FL 33437**

Mailing Address
**8339 DUOMO CIR
BOYNTON BEACH, FL 33437**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2249900

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIGONA, SALVATORE
8339 DUOMO CIR
BOYNTON BEACH, FL 33437**

**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)

U000000570378
07/14/06-80013-010 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRIGONA, SALVATORE
STREET ADDRESS 8339 DUOMO CIR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE S
NAME MEILING, WILLIAM D
STREET ADDRESS 8339 DUOMO CIR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VP
NAME THOMPSON, WILLIAM
STREET ADDRESS 8339 DUOMO CIR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE TREA
NAME GUZMAN, JOSE
STREET ADDRESS 8339 DUOMO CIR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #