## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jun 23, 2006 8:00 am **Secretary of State** 06-23-2006 90008 005 \*\*\*150.00

**DOCUMENT #591369** RITE-WAY PAINTING & PLASTERING, INC. Principal Place of Business Mailing Address 40096796 10115 VALLLIA NT CT P.O. BOX 600 ESTERO, FL 33928 APT 201 FORT MYERS, FL 33913 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06202006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1929280 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Frank Esposito</u> ESPOSITO, FRANK Street Address (P.O. Box Number is Not Acceptable) 4516 SANTA BARBARA BLVD <u> 10115 Valiant Ct.</u> CAPE CORAL, FL 33914 Unit 201 City Fort Myers Zip Code 33913 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 ager and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS .10. 11. PD TITLE ☐ Delete TITLE PD M Change ☐ Addition ESPOSITO, FRANK NAME NAME Esposito, Frank 10115 Valiant Ct., Unit 201 STREET ADDRESS 26171 HICKORY BLVD 8 A STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-7IP CITY+ST-7P Fort Myers, FL 33913 Change TITLE PRES TITLE ST X Delete ☐ Addition Frank R. Esposito, Jr. ESPOSITO, CAROLE NAME NAME 10115 Valiant Ct. Unit 201 STREET ADDRESS 26171 HICKORY BVLD 8 A STREET ADDRESS Fort Myers, FL 33913 BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling dees 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 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: