

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90064 024 ***158.75

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1. Entity Name
S.N.R. PAINT & WALLCOVERING, INC.



Principal Place of Business

1780 66 AVENUE NORTH
C/O SALVATORE N. RIZZO
ST. PETERSBURG, FL 33702

Mailing Address

1780 66 AVE NORTH
C/O CHRISTOPHER A RIZZO
ST. PETERSBURG, FL 33702 US



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2012276

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIZZO, CHRISTOPHER A
1780-66TH AVENUE NORTH
ST. PETERSBURG, FL 33702

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ~~TUCCIO FRANK~~
STREET ADDRESS ~~1417 CANTERBURY RD NORTH~~
CITY-ST-ZIP ~~ST. PETERSBURG, FL~~ **DELETE**

TITLE DP
NAME RIZZO, CHRISTOPHER A.
STREET ADDRESS 1780-66 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE DST
NAME RIZZO, ROSEMARIE A.
STREET ADDRESS 1780-66 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Christopher A. Rizzo

CHRISTOPHER A RIZZO PRES

2/28/05 (727) 527-7510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #