

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90050 015 ***150.00

DOCUMENT # H51775

1. Entity Name

IMPERIAL PAINTING, INC.



Principal Place of Business

240 HEDGEWOOD AVE.
DELTONA FL 32738
US

Mailing Address

PO BOX 427
OSTEEN FL 32764
US

2. Principal Place of Business

834 Pritchard Is. Rd.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

INVERNESS FL.

City & State

INVERNESS FL.

4. FEI Number

59-2522940

Applied For

Not Applicable

Zip

34450

Country

CITRUS

Zip

34450

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIZZA, FRANK A., JR.
240 HEDGEWOOD AVE.
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

PIZZA, FRANK A. JR.

Street Address (P.O. Box Number is Not Acceptable)

834 Pritchard Is. Rd.

City

INVERNESS

FL

Zip Code

34450

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

Bonnie Pizza BONNIE PIZZA Sec/Treas.

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PIZZA, FRANK A., JR.
STREET ADDRESS 240 HEDGEWOOD AVENUE
CITY-ST-ZIP DELTONA FL 32738

TITLE ST ☐ Delete
NAME PIZZA, BONNIE
STREET ADDRESS 240 HEDGEWOOD AVENUE
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 834 Pritchard Is. Rd.
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 834 Pritchard Is. Rd.
CITY-ST-ZIP INVERNESS, FL 34450

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bonnie Pizza BONNIE PIZZA Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-474-1683