

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 031 \*\*\*150.00

**DOCUMENT # H51775**

1. Entity Name

IMPERIAL PAINTING, INC.



Principal Place of Business

834 PRITCHARD IS RD  
INVERNESS FL 34450  
US

Mailing Address

PO BOX 427  
OSTEEN FL 32764  
US



2. Principal Place of Business

3006 S. Skyline Dr.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 986  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

INVERNESS, FL.

City & State

INVERNESS, FL.

4. FEI Number

59-2522940

Applied For

Not Applicable

Zip

34450

Country

CITRUS

Zip

34451

Country

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIZZA, FRANK A., JR.  
834 PRITCHARD IS. RD  
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name: Frank PIZZA  
Street Address (P.O. Box Number is Not Acceptable): 3006 S. Skyline Dr.  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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: 834 PRITCHARD IS. RD  
CITY-ST-ZIP: INVERNESS FL 34450

TITLE: ST ☐ Delete  
NAME: PIZZA, BONNIE  
STREET ADDRESS: 834 PRITCHARD IS. RD  
CITY-ST-ZIP: INVERNESS FL 34450

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: 3006 S. Skyline Dr.  
CITY-ST-ZIP: INVERNESS, FL. 34450

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 3006 S. Skyline Dr.  
CITY-ST-ZIP: INVERNESS, FL. 34450

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

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NAME:  
STREET ADDRESS:  
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 exemptions contained in Section 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:

Bonnie Pizzia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 407 474 1683  
Date Daytime Phone #