


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K09790**  
 1. Entity Name  
**FERNANDO TONARELY PAINTING CONTRACTOR, INC.**



Principal Place of Business      Mailing Address  
**605 KANUGA DR**      **605 KANUGA DR**  
**WEST PALM BEACH FL 33401**      **WEST PALM BEACH FL 33401**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE      CR2E034 (10/05)

4. FEI Number **65-0017702**      Applied For  Not Applied

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

6. Name and Address of Current Registered Agent  
**O'HARA, PATRICK M.**  
**324 DATURA ST**  
**SUITE 100**  
**W. PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      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 |                          |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                              |
|----------------------------|--------------------------|---------------------------------|--|---|--|---------------------------------|------------------------------|
| TITLE                      | DPT                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | TONARELY, FERNANDO       |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 605 KANUGA DRIVE         |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33401 |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | S                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | TONARELY, ANNA           |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 4044B PALM BAY CR.       |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33401 |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                          |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                          |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                          |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP   |  |                                 |                              |

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 04/19/06-80005-021 150.00

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: \_\_\_\_\_ **3/31/06 561-802-8825**