

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 019 ***150.00

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1. Entity Name

PAINT PROS OF TAMPA BAY, INC.



Principal Place of Business

5253 PENGUIN DRIVE
HOLIDAY, FL 34690

Mailing Address

5253 PENGUIN DRIVE
HOLIDAY, FL 34690

2. Principal Place of Business - No P.O. Box #

10403 PONTOFINO CIR.

3. Mailing Address

10403 PONTOFINO CIRCLE



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007

Chg-P

CR2E034 (12/06)

City & State

TRINITY, FLORIDA

City & State

TRINITY, FLORIDA

4. FEI Number

59-3665857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARITOS, ANGELO
~~5253 PENGUIN DRIVE~~ 10403 PONTOFINO CIRCLE
~~HOLIDAY, FL 34690~~ TRINITY, FL 34655

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HARITOS, ANGELO
STREET ADDRESS ~~5253 PENGUIN DRIVE~~ 10403 PONTOFINO CIRCLE
CITY-ST-ZIP ~~HOLIDAY, FL 34690~~ TRINITY, FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS NALAN KIZILTUNE
CITY-ST-ZIP 4620 KOALA DR.
HOLIDAY, FL 34640

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

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

TITLE ☐ Change ☐ Addition
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 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 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:

[Signature] ANGELO HARITOS
1/28/07 PRESIDENT

1/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #