


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90042 046 \*\*\*158.75

DOCUMENT # P00000090749		
Entity Name TURANO PAINTING, INC.		
Principal Place of Business 251 6TH ST BONITA SPRINGS FL 34134		Mailing Address 251 6TH ST BONITA SPRINGS FL 34134
2. Principal Place of Business - No P.O. Box # <i>251 6th St</i>	3. Mailing Address <i>251 6th St</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <i>Bonita Springs, FL</i>	City & State <i>Bonita Springs FL</i>	4. FEI Number 59-3678290
Zip <i>34134</i>	Country <i>USA</i>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent  TURANO, DAVID 251 6TH ST BONITA SPRINGS FL 34134		7. Name and Address of New Registered Agent Name <i>David Turano</i> Street Address (P.O. Box Number is Not Acceptable) <i>251 6th St</i> City <i>Bonita Springs</i> FL Zip Code <i>34134</i>	
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 <i>David Turano</i>		DATE <i>1/19/07</i>	
Signature, typed or printed name of registered agent and title - applicable		(NOTE: Registered Agent signature required when registering)	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 NAME STREET ADDRESS CITY ST ZIP	D TURANO, DAVID 251 6TH ST BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP TURANO, DARLA 251 6TH ST BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Turano* DATE: *1/19/07* PHONE: *239-272-2324*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #