

2007 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 041 ***158.75

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1. Entity Name

MIKE LENTZ PAINTING, INC.



Principal Place of Business

3339 GARFIELD DR.
HOLIDAY FL 34691

Mailing Address

3339 GARFIELD DR.
HOLIDAY FL 34691



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3731451

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENTZ, MIKE
3334 GARFIELD DR
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name MIKE LENTZ Painting Inc.
Street Address (P.O. Box Number is Not Acceptable)
3339 GARFIELD DR.

City HOLIDAY FL Zip Code 34691

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

Damen M. Lentz MIKE LENTZ Painting Inc. 2-27-07

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

(NOTE: Registered Agent signature required when changing)

DATE

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

TITLE P ☐ Delete
NAME LENTZ, MIKE
STREET ADDRESS 3339 GARFIELD DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE MIKE LENTZ Painting Inc. ☐ Delete
NAME MIKE LENTZ
STREET ADDRESS 3339 GARFIELD DR.
CITY-ST-ZIP HOLIDAY, FLA, 34691

TITLE OWNER/President ☐ 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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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:

Damen M. Lentz Mike Lentz Painting Inc. 2-27-07 727/458
President 6867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #