

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90018 047 ***158.75

DOCUMENT # P02000002471

1. Entity Name

ROYAL PALM PAINTING, INC.



Principal Place of Business

8159 WILSHIRE LAKES BLVD
NAPLES FL 34109

Mailing Address

8159 WILSHIRE LAKES BLVD
NAPLES FL 34109

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

4780 Enterprise AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

Country

Zip

Country

34104

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number 80-0024687

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UGHI, MICHAEL
8159 WILSHIRE LAKES BLVD
NAPLES FL 34109

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]

Signature, typed or printed name of registered agent and the filer (applicable).

(NOTE: Registered Agent signature required when reconstituting)

DATE

2/1/08

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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	D	☐ Delete
NAME	UGHI, MICHAEL	
STREET ADDRESS	8159 WILSHIRE LAKES BLVD	
CITY- ST- ZIP	NAPLES FL 34109	
TITLE	VP	☐ Delete
NAME	UGHI, STACY	
STREET ADDRESS	8159 WILSHIRE LAKES BLVD	
CITY- ST- ZIP	NAPLES FL 34109	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
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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
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stacy M Ughi 2/1/08

Date

Daytime Phone #

239-430-9505