

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90102 010 ***150.00

DOCUMENT # P02000033475

1. Entity Name
V.I.P. PAINTING, WATERPROOFING & CONCRETE
RESTORATION, INC.



Principal Place of Business
11540 WILES ROAD
BAY 5
CORAL SPRINGS, FL 33076

Mailing Address
11540 WILES ROAD
BAY 5
CORAL SPRINGS, FL 33076



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3633012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, JAMES ALEX
11540 WILES ROAD
BAY 5
CORAL SPRINGS, FL 33076

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CALDWELL, JAMES ALEX
STREET ADDRESS	2970 NW 68 AVENUE
CITY-ST-ZIP	MARGATE, FL 33065
TITLE	DV
NAME	CALDWELL, MICHELLE
STREET ADDRESS	2970 NW 68 AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	DV
NAME	HUMENYI, STEPHEN J
STREET ADDRESS	1120 SW 3 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	TS
NAME	SCHIAPO, ROSEMARY
STREET ADDRESS	5379 NW 60 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	V
NAME	COTNOIR, CRAIG S
STREET ADDRESS	7805 N.W. 18 PLACE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 954.394.4413