

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000119985**

1. Entity Name  
**PALM COAST DRYWALL & PAINT OF FLORIDA, INC.**



Principal Place of Business  
**6009 BAYWAY CT.  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**6009 BAYWAY CT.  
NEW PORT RICHEY, FL 34652**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3721566**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DOUGHERTY & ASSOCIATES, LLC  
5623 U.S. 19, SUITE 151  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000534378  
05/08/06-80008-022 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	SANTORO, VINCENT L JR
STREET ADDRESS	6009 BAYVIEW CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	S
NAME	SANTORO, HELEN A
STREET ADDRESS	6009 BAYWAY CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	V
NAME	SANTORO, VINCENT L III
STREET ADDRESS	6009 BAYWAY CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

*Vincent L Santoro III* **Vincent L Santoro III** 4/19/06 727-847-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #