

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 023 ***150.00

DOCUMENT # P03000002624

1. Entity Name

ZANNINI PAINTING INC.



Principal Place of Business

1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address

1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

2. Principal Place of Business

484 SW SAGINAW AVE.

Suite, Apt. #, etc.

3. Mailing Address

484 SW SAGINAW AVE.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

02-0648671

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZANNINI, JOANNE
1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

484 SW. SAGINAW AVE

City

PORT ST LUCIE

FL

Zip Code

34953

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZANNINI, JOANNE ☐ Delete
1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
RICCI, MAURIZIO ☐ Delete
187 SE VILLAGE DR
PORT SAINT LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ZANNINI, LOUIS ☐ Delete
237 SE VILLAGE DR
PORT SAINT LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
484 ☒ Change ☐ Addition
484 SW SAGINAW AVE.
PORT ST LUCIE, FL 34953

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

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

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

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

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

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:

Joanne Zannini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-06

Date

772-398-7041

Daytime Phone #