

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002624

Entity Name: ZANNINI PAINTING INC.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

484 SW SAGINAW AVE  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

484 SW SAGINAW AVE  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

FEI Number: 02-0648671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZANNINI, JOANNE  
484 SW SAGINAW AVE  
PORT SAINT LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZANNINI, JOANNE  
Address: 484 SW SAGINAW AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete  
Name: RICCI, MAURIZIO  
Address: 187 SE VILLAGE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P ( ) Delete  
Name: ZANNINI, LOUIS  
Address: 237 SE VILLAGE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE ZANNINI

D

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date