



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90029 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                     |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000059996</b><br>1. Entity Name<br><b>J.L. PANDOLFI PAINTING CONTRACTING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                    |                                                                   |
| Principal Place of Business<br><b>563 GODFREY COURT</b><br><b>DELTONA, FL 32725 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                                                                                                                                                                                                                                                                                                                      | Mailing Address<br><b>563 GODFREY COURT</b><br><b>DELTONA, FL 32725 US</b> |                                                                                                                                                                                                                     |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                             |                                                                            | 40110000<br><br><br><br>05032007 Chg-P CR2E034 (12/06)<br><br>4. FEI Number<br><b>20-0113356</b><br>Applied For<br>Not Applicable |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                | 6. Name and Address of Current Registered Agent<br><b>NORRIS, LINDA ANN</b><br><b>5189 CINDER LANE PKWY</b><br><b>#1307</b><br><b>ORLANDO, FL 32808</b>                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                     |                                                                   |
| 7. Name and Address of New Registered Agent<br>Name<br><b>Norris, Linda Ann</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5189 Cinderlane PKwy</b><br><b>#1302</b><br>City<br><b>Orlando</b> FL Zip Code<br><b>32808</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                | 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.<br>SIGNATURE <u>Linda Ann Norris</u> DATE <u>5/1/07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |                                                                            |                                                                                                                                                                                                                     |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                               |                                                                            | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                        |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                               |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D,P<br>PANDOLFI, JOE<br>563 GODFREY COURT<br>DELTONA, FL 32725 | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                      |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                    |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                    |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                    |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                    |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Date <u>5-14-07</u> Daytime Phone # <u>407467-0064</u>                                                                                                                                                              |                                                                   |