


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 031 ***150.00

DOCUMENT # P03000126863			
1. Entity Name SPIRO PAINTING OF SOUTHWEST FLORIDA, INC			
Principal Place of Business 619 99TH AVE. NW NAPLES, FL 34108		Mailing Address 619 99TH AVE. NW NAPLES, FL 34108	
2. Principal Place of Business 2363 Birdsong Lane Suite, Apt. #, etc.		3. Mailing Address 2363 Birdsong Lane Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34117		Country U.S.A.	
4. FEI Number 20-0371002		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANTADAKIS, SPYRIDON 619 99TH AVE. NW NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2363 Birdsong Lane City Naples FL Zip Code 34117	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MANTADAKIS, SPYRIDON 619 99TH AVE NW NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Mantadakis, Spyridon 2363 Birdsong Lane Naples, FL 34117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Spyridon Mantadakis</u>		<u>SPIROS Mantadakis</u> 239-250-9371 Date Daytime Phone #	

40004520



01172006 Chg-P CR2E034 (11/05)

1/18/06