

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90362 002 \*\*\*150.00

**DOCUMENT # P03000140592**



1. Entity Name  
**EMILY PAINTING, INC.**

Principal Place of Business  
**1080 S. HOAGLAND BLVD L24  
KISSIMMEE, FL 34741**

Mailing Address  
**1080 S. HOAGLAND BLVD L24  
KISSIMMEE, FL 34741**



2. Principal Place of Business  
**1548 Roscoe Drive**  
Suite, Apt. #, etc.  
**# 24**  
City & State  
**Kissimmee FL**  
Zip  
**34741** Country

3. Mailing Address  
**1548 Roscoe Drive**  
Suite, Apt. #, etc.  
**# 24**  
City & State  
**Kissimmee FL**  
Zip  
**34741** Country

03142006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0451713** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

**CASIMIRO, MARCOS E**  
**1080 S. HOAGLAND BLVD L24**  
**KISSIMMEE, FL 34741**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1548 Roscoe Drive #24**  
City **Kissimmee** FL Zip Code **34741**

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP**  
**CASIMIRO, MARCO A**  
**1080 S. HOAGLAND BLVD L24**  
**KISSIMMEE, FL 34741** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP**  
**MARCO A CASIMIRO**  
**1548 ROSCOE DRIVE #24**  
**KISSIMMEE FL 34741** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

**Marco A. Casimiro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/15/06**

Date

Daytime Phone #