



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90038 036 ***150.00

DOCUMENT # P03000141626					
1. Entity Name FABIO'S PAINTING INC.					
Principal Place of Business 3661 HAMPTON GLEN PLACE JACKSONVILLE, FL 32257			Mailing Address 3661 HAMPTON GLEN PLACE JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2215300	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONDONO, FABIO A 3661 HAMPTON GLEN PLACE JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ DATE <u>04-08-08</u> <small>(Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PR LONDONO, FABIO 3661 HAMPTON GLEN PLACE JACKSONVILLE, FL 32257		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS 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>04-08-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40098415

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help

Annual Report Online Filing

Document Number P03000141626
Business Entity Name FABIO'S PAINTING INC.

FEI Number 35 2215300

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 3661 HAMPTON GLEN PLACE (PO Box not acceptable)
Suite, Apt. #, etc. _____
City, State JACKSONVILLE, FL
Zip Code & Country 32257

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 3661 HAMPTON GLEN PLACE
Suite, Apt. #, etc. _____
City, State JACKSONVILLE, FL
Zip Code & Country 32257

Name And Address of Registered Agent

Name (Last, First, Middle, Title) LONDONO, FABIO, A
- OR -
Business to serve as RA _____

Street Address In Florida 3661 HAMPTON GLEN PLACE (PO Box not acceptable)
Suite, Apt. #, etc. _____
City, State JACKSONVILLE, FL

ATTACHMENT 40098415

Zip Code & Country

32257

US

P03000141626

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

PR

Name (Last, First, Middle, Title)

LONDONO

FABIO

- OR -

Entity Name to serve as Officer/Director

Street Address

3661 HAMPTON GLEN PLACE

City, State

JACKSONVILLE

FL

Zip Code & Country

32257

Name And Address #2

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

ATTACHMENT

40098415

P03000141626

Name And Address #4

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Name And Address #5

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Name And Address #6

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title _____

Officer/Director Signature _____

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset