

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90019 049 ***150.00

DOCUMENT # P03000142998

1. Entity Name
ZANDERS PAINTING AND ACRYLIC WORKS, INC.



Principal Place of Business
**8266 PAMLICO ST.
ORLANDO, FL 32817**

Mailing Address
**8266 PAMLICO ST.
ORLANDO, FL 32817**

14018852



07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0378661

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZANDERS, DESMOND
8266 PAMLICO ST.
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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 *Desmond Zanders*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-05

**NO NOTICE EVER RECEIVED
FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZANDERS, DESMOND
STREET ADDRESS	8266 PAMLICO ST.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Desmond Zanders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-05 407-267-8010
Date Daytime Phone #

ATTACHMENT 14018852
WETTSTEIN & SABOFF, PA
CERTIFIED PUBLIC ACCOUNTANTS

July 8, 2005

Divisions of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

RE: ~~Zanders Painting and Acrylic Works, Inc.~~
P03000142998

Please find enclosed the downloaded form along with \$150 for the annual renewal fee. The notice to dissolve was recently received but Mr. Zanders never received the original notice. He does not have on-line service to file on-line so I downloaded the form for him. We both listened to the telephone instructions saying there was a box to check stating the form was not received but we can not locate it on this form.

I know Mr. Zanders pays any bills very promptly and had he received the notice he would have paid at the time received.

We ask that you accept this renewal as timely filed.

Thank you,

Fay Casey

Fay Casey
Accountant

Enclosures