

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

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

2. Principal Place of Business - No P.O. Box #

8266 Pamlco St.

Suite, Apt. #, etc.

3. Mailing Address

8266 Pamlco St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number 20-0378661

Applied For
Not Applicable

Zip

32817

Country

USA

Zip

32817

Country

U.S.A.

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

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000655733
CITY ST ZIP 03/13/07-80118-011 150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Desmond Zanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-07 407-267-8010

Date

Daytime Phone #