

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90005 008 ***150.00

DOCUMENT # P03000150972

1. Entity Name

VIDA PAINTING & WALLCOVERINGS, INC.



Principal Place of Business

3223 NORTH LOCKWOOD RIDGE ROAD
LOT 94C
SARASOTA FL 34234

Mailing Address

3223 NORTH LOCKWOOD RIDGE ROAD
LOT 94C
SARASOTA FL 34234

54068817



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0486009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIDA, RICHARD
3223 NORTH LOCKWOOD RIDGE ROAD
LOT 94C
SARASOTA FL 34234

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS VIDA, RICHARD
CITY-ST-ZIP 3223 NORTH LOCKWOOD RIDGE RD, LOT 94C
SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS VIDA, RICHARD
CITY-ST-ZIP 3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C
SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-04 (941) 360-2504

Date

Daytime Phone #

Attachment
Doc. # 03000150972

To Whom it may concern 54068817

I NEVER RECEIVED AN ANNUAL REPORT
UNTIL NOW.

I WAS TOLD ON THE PHONE TO SEND IN
\$50 PLUS AN EXPLANATION. HOPEFULLY THIS
WILL SUFFICE.

Thank You

Richard Vida