

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90033 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
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2. Principal Place of Business <b>SARASOTA</b>	3. Mailing Address <b>3223 N. Lockwood Ridge</b>
Suite, Apt. #, etc. <b>94C</b>	Suite, Apt. #, etc. <b>94C</b>

City & State <b>SARASOTA FLA</b>	City & State <b>SARASOTA FLA</b>
Zip <b>34234</b>	Zip <b>34234</b>
Country <b>SARASOTA</b>	Country <b>SARASOTA</b>

4. FEI Number <b>20-0486009</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

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

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]* (NOTE: Registered Agent signature required when reinstating)  
 DATE **1-18-05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIDA, RICHARD</b> <b>3223 NORTH LOCKWOOD RIDGE RD, LOT 94C</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VIDA, RICHARD</b> <b>3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VIDA, RICHARD</b> <b>3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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 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]* **1-18-05** Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone # **941 360-2504**  
**941 321-4490**