

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90095 035 \*\*\*150.00

**DOCUMENT # P03000150972**

1. Entity Name

VIDA PAINTING & WALLCOVERINGS, INC.



Principal Place of Business

SARASOTA 94C  
SARASOTA FL 34234

Mailing Address

3223 NORTH LOCKWOOD RIDGE ROAD  
LOT 94C  
SARASOTA FL 34234



2. Principal Place of Business

3223 N. Lockwood Ridge Rd

Suite, Apt. #, etc.

94C

3. Mailing Address

Suite, Apt. #, etc.

*SAME*

1st MOORE

CR2E034 (10/05)

City & State

SARASOTA

City & State

Zip

34224

Country

SARASOTA

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 P ☐ Delete  
NAME VIDA, RICHARD  
STREET ADDRESS 3223 NORTH LOCKWOOD RIDGE RD, LOT 94C  
CITY-ST-ZIP SARASOTA FL 34234

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 (941) 360-2504  
Date Daytime Phone #