

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000150972
 1. Entity Name: VIDA PAINTING & WALLCOVERINGS, INC.



Principal Place of Business: 3223 N. LOCKWOOD RIDGE RD., SARASOTA, FL 34234
 Mailing Address: 3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C, SARASOTA, FL 34234



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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: *Richard Vida* DATE: 1-4-08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rendering.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 U00000798722 01/30/08-80040-020 150.00

10. OFFICERS AND DIRECTORS

TITLE: P	NAME: VIDA, RICHARD
STREET ADDRESS: 3223 NORTH LOCKWOOD RIDGE RD, LOT 94C	CITY-ST-ZIP: SARASOTA, FL 34234
TITLE: S	NAME: VIDA, RICHARD
STREET ADDRESS: 3223 NORTH LOCKWOOD RIDGE ROAD, LOT 94C	CITY-ST-ZIP: SARASOTA, FL 34234
TITLE: T	NAME: VIDA, RICHARD
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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 exemptions contained in Chapter 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]* DATE: 1-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #