


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 010 ***150.00

DOCUMENT # P03000153073 1. Entity Name ZAVALA PAINTING & CONSTRUCTION, INC.					
Principal Place of Business 237 PRINGLER CIRCLE, APT "K" GREEN COVE SPRINGS, FL 32043			Mailing Address 237 PRINGLER CIRCLE, APT "K" GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box # 418 Roberts Cir		3. Mailing Address 418 Roberts Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Green Cove Springs FL		City & State Green Cove Springs FL		4. FEI Number 20-0518095	
Zip 32043		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAVALA, BACILIO M 237 PRINGLER CIRCLE, APT "K" GREEN COVE SPRINGS, FL 32043		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAVALA, BACILIO M 6656 FESTIVAL LANE ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAVALA Bacilio M 418 Roberts Cir Green Cove Springs, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 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: <u>Bacilio M Zavala</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/7/07 <small>Date</small>		
<small>Daytime Phone #</small>					

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