

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 020 ***150.00

DOCUMENT # P03000154605

1. Entity Name

ART DECO PROFESSIONAL PAINTING, INC.



Principal Place of Business

1523 W COMANCHE AVE
TAMPA FL 33603

Mailing Address

1523 W COMANCHE AVE
TAMPA FL 33603



2. Principal Place of Business

1523 W Comanche Ave

Suite, Apt. #, etc.

3. Mailing Address

1523 W Comanche Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Tampa FL 33603

City & State

Tampa FL 33603

4. FEI Number

36-4546094

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33603

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDRIGUEZ, ALBERTO O
1523 W COMANCHE AVE
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name ALBERTO O RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
1523 W Comanche Ave

City TAMPA

FL

Zip Code 33603

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

Alberto O Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME RIDRIGUEZ, ALBERTO O
STREET ADDRESS 1523 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☒ Delete
NAME POLO, NICHOLAS R
STREET ADDRESS 1523 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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 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:

Alberto O Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #