

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90178 034 \*\*\*150.00

|  |  |                       |  |  |  |
|--|--|-----------------------|--|--|--|
| <b>DOCUMENT # P04000019407</b>   |  |                       |  |  |  |
| <b>1. Entity Name</b><br>SCIANIMANICO PAINTING, INC.   |  |                       |  |  |  |
| <b>Principal Place of Business</b><br>250 SOUTH LAKE STARR BLVD<br>LAKE WALES, FL 33898-6943   |  |                       | <b>Mailing Address</b><br>250 SOUTH LAKE STARR BLVD<br>LAKE WALES, FL 33898-6943   |  |  |
| <b>2. Principal Place of Business</b><br>1249 S.Lake Starr Blvd  |  |                       | <b>3. Mailing Address</b><br>1249 S.Lake Starr Blvd  |  |  |
| Suite, Apt. #, etc.  |  |                       | Suite, Apt. #, etc.  |  |  |
| <b>City &amp; State</b><br>Lake Wales, FL  |  |                       | <b>City &amp; State</b><br>Lake Wales, FL  |  |  |
| <b>Zip</b><br>33898-7666   |  | <b>Country</b><br>USA |  | <b>4. FEI Number</b><br>20-0675958   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |                       |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SCIANIMANICO, VITO<br>250 SOUTH LAKE STARR BLVD<br>LAKE WALES, FL 33898-6943   |  |                       | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1249 S.Lake Starr Blvd<br>City<br>Lake Wales FL Zip Code<br>33898-7666 |  |  |
| <b>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.</b>   |  |                       |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                       |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  |                       | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>D</b> SCIANIMANICO, VITO <input type="checkbox"/> Delete<br>250 SOUTH LAKE STARR BLVD<br>LAKE WALES, FL 338986943 |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1249 S.Lake Starr Blvd<br>Lake Wales, FL 33898-7666  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>D</b> SCIANIMANICO, TONY <input type="checkbox"/> Delete<br>250 SOUTH LAKE STARR BLVD<br>LAKE WALES, FL 338986943 |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1249 S. Lake Starr Blvd<br>Lake Wales, FL 33898-7666 |  |
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| <b>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.</b> |  |                       |  |  |  |
| <b>SIGNATURE:</b> <u>Vito Scianimanco Vito Scianimanco</u> <u>3-1-05 (863) 528-1425</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |                       |  |  |  |

50022167



02232005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1249 S.Lake Starr Blvd  
City  
Lake Wales FL Zip Code  
33898-7666

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
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**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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