

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000019407**

1. Entity Name  
**SCIANIMANICO PAINTING, INC.**



Principal Place of Business  
**1249 SOUTH LAKE STARR BOULEVARD  
LAKE WALES, FL 33898-7666**

Mailing Address  
**1249 SOUTH LAKE STARR BOULEVARD  
LAKE WALES, FL 33898-7666**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0675958**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCIANIMANICO, VITO  
1249 SOUTH LAKE STARR BOULEVARD  
LAKE WALES, FL 33898-7666**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**100000406539  
02/07/06-80092-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCIANIMANICO, VITO
STREET ADDRESS	1249 SOUTH LAKE STARR BOULEVARD
CITY-ST-ZIP	LAKE WALES, FL 338987666
TITLE	D
NAME	SCIANIMANICO, TONY
STREET ADDRESS	1249 SOUTH LAKE STARR BOULEVARD
CITY-ST-ZIP	LAKE WALES, FL 338987666
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:** Vito Scianimanco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 (863) 528-1425  
Date Daytime Phone #