

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000019407

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1249 SOUTH LAKE STARR BOULEVARD  
LAKE WALES, FL 338987666

**New Principal Place of Business:**

**Current Mailing Address:**

1249 SOUTH LAKE STARR BOULEVARD  
LAKE WALES, FL 338987666

**New Mailing Address:**

**FEI Number:** 20-0675958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCIANIMANICO, VITO  
1249 SOUTH LAKE STARR BOULEVARD  
LAKE WALES, FL 338987666 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCIANIMANICO, VITO  
Address: 1249 SOUTH LAKE STARR BOULEVARD  
City-St-Zip: LAKE WALES, FL 338987666

Title: D  
Name: SCIANIMANICO, TONY  
Address: 1249 SOUTH LAKE STARR BOULEVARD  
City-St-Zip: LAKE WALES, FL 338987666

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VITO SCIANIMANICO

D

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date