

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 023 ***150.00

DOCUMENT # **P04000020100**

1. Entity Name

LEE COUNTY PROFESSIONAL PAINTING, INC.



Principal Place of Business

2044 NE 6TH ST.
CAPE CORAL FL 33909

Mailing Address

2044 NE 6TH ST.
CAPE CORAL FL 33909



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **61-1464916**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANK, BALL
2741 COLONIAL BOULEVARD
#102
FORT MYERS FL 33907

Name **HANK BALL**

Street Address (P.O. Box Number is Not Acceptable)

2044 NE 6TH ST.

City **CAPE CORAL**

FL

Zip Code

33909

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Delete
NAME **HANK, BALL**
STREET ADDRESS **2741 COLONIAL BOULEVARD #102**
CITY- ST- ZIP **FORT MYERS FL 33907**

TITLE **PRES** ☐ Change ☐ Addition
NAME **HANK BALL**
STREET ADDRESS **2044 NE 6TH ST**
CITY- ST- ZIP **CAPE CORAL FL 33909**

TITLE **VP** ☐ Delete
NAME **HANK, BALL**
STREET ADDRESS **2741 COLONIAL BOULEVARD #102**
CITY- ST- ZIP **FORT MYERS FL 33907**

TITLE **V.P.** ☐ Change ☐ Addition
NAME **HANK BALL**
STREET ADDRESS **2044 NE 6TH ST.**
CITY- ST- ZIP **CAPE CORAL FL 33909**

TITLE **SEC** ☐ Delete
NAME **HANK, BALL**
STREET ADDRESS **2741 COLONIAL BOULEVARD #102**
CITY- ST- ZIP **FORT MYERS FL 33907**

TITLE **SEC** ☐ Change ☐ Addition
NAME **HANK BALL**
STREET ADDRESS **2044 NE 6TH ST**
CITY- ST- ZIP **CAPE CORAL FL 33909**

TITLE **TRES** ☐ Delete
NAME **HANK, BALL**
STREET ADDRESS **2741 COLONIAL BOULEVARD #102**
CITY- ST- ZIP **FORT MYERS FL 33907**

TITLE **TRES** ☐ Change ☐ Addition
NAME **HANK BALL**
STREET ADDRESS **2044 NE 6TH ST.**
CITY- ST- ZIP **CAPE CORAL FL 33909**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 (239) 573-0899