

2005 FORT PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000026716

1. Entity Name
COLLEX SPECIALTY PAINTING INC.



FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90048 030 ***150.00

Principal Place of Business
7415 PINE LAKES BLVD
PORT ST. LUCIE, FL 34952 US

Mailing Address
7415 PINE LAKES BLVD
PORT ST. LUCIE, FL 34952 US

2. Principal Place of Business
1529 S.W. KOSNAR
Suite, Apt. #, etc.

3. Mailing Address
1529 S.W. KOSNAR AVE
Suite, Apt. #, etc.



01282005 Chg-P CR2E034 (10/03)

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number
84-1637003

Applied For
Not Applicable

Zip
34953

Country
ST LUCIE

Zip
34953

Country
ST LUCIE

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

SPICUZZA, CARLO
7415 PINE LAKES BLVD
PORT ST. LUCIE, FL 34952

Name
CARLO SPICUZZA

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

1529 S.W. KOSNAR AVE

City
PORT ST LUCIE FL

Zip Code
34953

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SPICUZZA, CARLO
7415 PINE LAKES BLVD
PORT ST. LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SPICUZZA, PAUL
2842 SE EAST BLACKWELL
PORT ST. LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
CARLO SPICUZZA
1529 SW KOSNAR AVE
PORT ST LUCIE FL 34953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PAUL SPICUZZA
1529 SW KOSNAR AVE
PORT ST LUCIE FL 34953 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #