

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90275 022 ***150.00

DOCUMENT # P04000044205

1. Entity Name
TRUE COLORS PAINTING AND PRESSURE WASHING, INC.



Principal Place of Business
**3721 W HILLSBORO BLVD D-101
COCONUT CREEK, FL 33073**

Mailing Address
**3721 W HILLSBORO BLVD D-101
COCONUT CREEK, FL 33073**

2. Principal Place of Business
7418 NW 66th TER
Suite, Apt. #, etc.

3. Mailing Address
7418 NW 66th TER
Suite, Apt. #, etc.

City & State
TAMARAC, FL

City & State
TAMARAC, FL

Zip Country
33321 BROWARD

Zip Country
33321 BROWARD

04102005 Chg-P CR2E034 (10/03)

4. FEI Number
45-053 7060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUGO, HENRY
3721 W HILLSBORO BLVD D-101
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name
LUGO HENRY
Street Address (P.O. Box Number is Not Acceptable)
7418 NW 66th TER
City
TAMARAC FL Zip Code
33321

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

4.22.05

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
☐ Delete
LUGO, HENRY
3721 W HILLSBORO BLVD D-101
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
LUGO, HENRY
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7418 NW 66th TER
TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7418 NW 66th TER
TAMARAC, FL 33321

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☐ 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 #

4.22.05

907.612.5846