

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 007 ***150.00

DOCUMENT # P04000048803	
1. Entity Name LUIS CATALOGNE PAINTING, INC.	



Principal Place of Business 1465 VICKS DRIVE 1704 Destiny Blvd KISSIMMEE, FL 34744 #101	Mailing Address 1465 VICKS DRIVE 1704 Destiny Blvd KISSIMMEE, FL 34744 #101
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40079643



2. Principal Place of Business - No P.O. Box # #101		3. Mailing Address 1704 Destiny Blvd	
Suite, Apt. #, etc. Kissimmee FL		Suite, Apt. #, etc. #101	
City & State #		City & State Kissimmee FL	
Zip 34741	Country OSCEOLA	Zip 34741	Country OSCEOLA

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1221534

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CATALOGNE, LUIS 1465 VICKS DRIVE KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Luis A. Catalogne DATE: 04-24-07

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATALOGNE, LUIS 1465 VICKS DRIVE 1704 Destiny Blvd KISSIMMEE, FL 34744 #101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Luis A. Catalogne DATE: 04-24-07 DAYTIME PHONE: 407-3011415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR