

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000050419

1. Entity Name

VAN STEENBERG PAINTING & REMODELING, INC.



Principal Place of Business

1089 SIRUS TRAIL
SARASOTA FL 34232

Mailing Address

1089 SIRUS TRAIL
SARASOTA FL 34232



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-0880522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS, BRENT J
3333 CLARK RD STE 100
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

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 **\$5.00** May Be
... Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VAN STEENBERG, J. MICHAEL
STREET ADDRESS 1089 SIRUS TRAIL
CITY- ST- ZIP SARASOTA FL 34232

TITLE D ☐ Delete
NAME NORTHROP, STEPHANIE
STREET ADDRESS 3387 ISLAND DATE CIRCLE
CITY- ST- ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *J.M. Van Steenberg* J.M. VAN STEENBERG 2-8-07 941-350-5619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #