## 2007 FOR PROFIT CORPORATION ANNUAL REPORT →

## Apr 19, 2007 08:00 AM **DOCUMENT # P04000112176 Secretary of State** 1. Entity Name CHAMELEON PAINTING OF COLLIER, INC. Principal Place of Business Mailing Address **760 HIDDEN HARBOUR DRIVE 760 HIDDEN HARBOUR DRIVE** NAPLES, FL 34109 NAPLES, FL 34109 03052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0403504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE FAUSNAUGHT, WILLIAM 760 HIDDEN HARBOUR DRIVE NAPLES, FL 34109 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FAUSNAUGHT, WILLIAM NAME STREET ADDRESS 760 HIDDEN HARBOUR DRIVE NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP **TITLE** IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS U000000716771 CITY-ST-ZIP 04/30/07-80021-012 150.0d TITLE NAME

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:

STREET ADDRESS CUTY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

239 596-3292

**FILED**