

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90115 021 ***150.00

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1. Entity Name
COLOR - RITE TECHNOLOGIES, INC.



Principal Place of Business
**2452 GOLDENROD STREET
SARASOTA, FL 34239 US**

Mailing Address
**P.O. BOX 19319
SARASOTA, FL 34276 US**

50014406



02112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1856849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRACY, CATHERINE L
2058 CONSTITUTION BLVD.
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BARRETO, SUZANNE
2452 GOLDENROD STREET
SARASOTA, FL 34239** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-06

ATTACHMENT
CATHERINE LYELL TRACY, CPA, P.A.
2058 CONSTITUTION BLVD.
SARASOTA, FL. 34231
941/921-1949

February 11, 2006

50014406
#704000150800

Re: 2006 Annual Report

Dear Client:

Enclosed please find your corporation's 2006 Annual Report for the State of Florida.

Please verify the data, sign at the bottom and attach a corporate check made payable to "Department of State" in the amount of \$ 150.00.

This is to be mailed on or before May 1, 2006. Mail to:

Division Of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

If you have any questions, please feel free to call our office.

Thank you for your immediate attention.

Sincerely,

Catherine L. Tracy
Catherine L. Tracy, CPA