


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90047 003 ***150.00

DOCUMENT # P04000159029 1. Entity Name SHEILAS PAINTING COMPANY INC					
Principal Place of Business 9053 SAN CARLOS BLVD. FORT MYERS, FL 33912			Mailing Address 4717 LEE BLVD. LEE HIGH ACRES, FL 33971		
2. Principal Place of Business - No P.O. Box # 17493 PHLOX DR Suite, Apt. #, etc.			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State FORT MYERS FL			City & State _____		
Zip 33967		Country Lee		4. FEI Number 20-1911261	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYES, MARIA D 9053 SAN CARLOS BLVD FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17493 Phlox DR City FORT MYERS FL Zip Code 33967		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADILLA, VICTOR Y 9053 SAN CARLOS BLVD FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17493 phlox DR Fort Myers, FL 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYES, MARIA D 9053 SAN CARLOS BLVD FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17493 Phlox DR Fort Myers, FL 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PADILLA, VICTOR Y 9053 SAN CARLOS BLVD FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 17493 Phlox DR Fort Myers, FL 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC REYES, MARIA Y 9053 SAN CARLOS BLVD FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 17493 Phlox DR Fort Myers, FL 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Victor Padilla</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			06/28/07 (239) 633-4227 Date Daytime Phone #		