

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P04000162744

1. Entity Name

PRONTO ACOUSTICAL CEILINGS, INC.



Principal Place of Business

30944 HARPER BRANCH PL  
WESLEY CHAPEL, FL 33543

Mailing Address

6803 123RD AVE N  
LARGO, FL 33773



04072008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-1906772

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ESPINOSA- JUAN  
30944 HARPER BRANCH PL  
WESLEY CHAPEL, FL 33543

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

U00000889649  
04/22/08-80059-020 150.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME ESPINOSA JUAN P  
STREET ADDRESS 30944 HARPER BRANCH PL  
CITY-ST-ZIP WESLEY CHAPEL, FL 33543

TITLE DS  
NAME ESPINOSA, LOREY  
STREET ADDRESS 30944 HARPER BRANCH PL  
CITY-ST-ZIP WESLEY CHAPEL, FL 33543

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/7/08