

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 019 ***150.00

DOCUMENT # P05000031770

1. Entity Name

MARCELO SALAZAR PAINTING INC



Principal Place of Business

35833 SHELLY DR
LEESBURG FL 34788

Mailing Address

12010 COUNTY RD. 44
LEESBURG FL 34788

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

12010 cr. 44
Suite, Apt. #, etc.

3. Mailing Address

12010 cr. 44
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

Leesburg, FL
Zip 34788 Country FL

City & State

Leesburg, FL
Zip 34788 Country FL

4. FEI Number

20-2606927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, MARCELO
12010 COUNTY RD. 44
LEESBURG FL 34788

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 state if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME SALAZAR, MARCELO
STREET ADDRESS 35833 SHELLY DR
CITY-ST-ZIP LEESBURG FL 34788

TITLE SEC ☐ Delete
NAME SALAZAR, SILVIA
STREET ADDRESS 35833 SHELLY DR
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SALAZAR, MARCELO ☒ Change ☐ Addition
NAME
STREET ADDRESS 12010 cr. 44 Leesburg,
CITY-ST-ZIP FL 34788

TITLE SALAZAR, SILVIA ☒ Change ☐ Addition
NAME
STREET ADDRESS 12010 cr. 44
CITY-ST-ZIP Leesburg FL 34788

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State

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