


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 009 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P05000035088 1. Entity Name WILLIE'S DECORATIVE PAINTING INC. | | | |  | |
| Principal Place of Business 5230 MAMIE ST. BONITA SPRINGS, FL 34134 | | | Mailing Address PO BOX 182 ESTERO, FL 33928 | | |
| 2. Principal Place of Business - No P.O. Box # 9834 Colonial Walk North | | | 3. Mailing Address PO Box 182 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Estero, FL 33928 | | | City & State Estero, FL | | |
| Zip 33928 | | Country Lee | | Zip 33928 | |
| Country Lee | | 4. FEI Number 20-2458286 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HERNANDEZ, GUILLERMO 5230 MAMIE ST. BONITA SPRINGS, FL 34134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P | NAME HERNANDEZ, GUILLERMO | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 5230 MAMIE ST. | CITY-ST-ZIP BONITA SPRINGS, FL 34134 | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME 9834 Colonial Walk North | |
| STREET ADDRESS 1801 43RD ST. SW | CITY-ST-ZIP NAPLES, FL 34116 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME Estero, FL 33928 | |
| TITLE S | NAME LOPEZ, HECTOR G | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 3510 BRINK CIRCLE | CITY-ST-ZIP BONITA SPRINGS, FL 34134 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Guillermo Hernandez</u> 3/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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