

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 006 ***150.00

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1. Entity Name
FORT PIERCE AIRCRAFT INTERIORS, CORP.



Principal Place of Business
2924 CURTIS KING BLVD.
FORT PIERCE, FL 34946 US

Mailing Address
2924 CURTIS KING BLVD.
FORT PIERCE, FL 34946 US

40084121



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-2525022

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS CHOICE, INC
4701 N FED HWY 445-C9
445-C9
FORT PIERCE, FL 33064

Name
Accurate Accounting Services

Street Address (P.O. Box Number is Not Acceptable)
350 NW LA PLAYA ST.

Port St Lucie FL Zip Code 34983

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

Lori Tubello Cassinari

Lori Tubello Cassinari

4-24-07

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME OLIVEIRA, GRIMALDO
STREET ADDRESS 2924 CURTIS KING BLVD.
CITY-ST-ZIP FORT PIERCE, FL 34946

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #