

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 045 ***159.00

DOCUMENT # P05000043583

1. Entity Name
LORA PAINTING, INC.



Principal Place of Business
436 CHAPEL TRACE DR.
107 BLDG. 10
ORLANDO, FL 32825 US

Mailing Address
436 CHAPEL TRACE DR.
107 BLDG. 10
ORLANDO, FL 32825 US

60038456



2. Principal Place of Business

436 Chapel Trace Dr.
Suite, Apt. #, etc.
107 Bldg. 10
City & State
Orlando, FL
Zip
32807
Country
US

3. Mailing Address

436 Chapel Trace Dr.
Suite, Apt. #, etc.
107 Bldg. 10
City & State
Orlando, FL
Zip
32807
Country
US

08202006 Chg-P CR2E034 (11/05)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORA SANTOS, JOSE C
436 CHAPEL TRACE DR.
107 BLDG. 10
ORLANDO, FL 32825

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LORA SANTOS, JOSE C
436 CHAPEL TRACE DR. APT. 107 BLDG. 10
ORLANDO, FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06 (407) 928-6600
Date Daytime Phone #