

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90089 002 ***158.75

DOCUMENT # P05000133474

1. Entity Name

A & L'S PAINT AND WOODWORK, INC.



Principal Place of Business

804 EAST NORMANDY BLVD
DELTONA FL 32725

Mailing Address

804 EAST NORMANDY BLVD
DELTONA FL 32725

2. Principal Place of Business

431 VICTORIA HILLS DRIVE POST OFFICE BOX 312

3. Mailing Address

431 VICTORIA HILLS DRIVE POST OFFICE BOX 312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

DELAND FLORIDA

4. FEI Number

20-3582518

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLMO, LILLIAN
804 EAST NORMANDY BLVD
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name OLMO, Lillian

Street Address (P.O. Box Number is Not Acceptable)

431 VICTORIA HILLS DRIVE

City DELAND

FL

Zip Code 32724

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]

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

After May 1, 2006 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/D
NAME OLMO, LILLIAN
STREET ADDRESS 804 EAST NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE VP
NAME AROCHO, ADRIAN
STREET ADDRESS 804 EAST NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE T/S
NAME OLMO, LILLIAN
STREET ADDRESS 804 EAST NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

TITLE
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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06

386232
6143

Date

Daytime Phone #