


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90044 002 \*\*\*150.00

**DOCUMENT # P06000014567**

1. Entity Name  
**NESTOR D PAINTING, INC**



Principal Place of Business      Mailing Address  
**6523 WYNG LOW LN**      **6523 WYNG LOW LN**  
**ORLANDO, FL 32818**      **ORLANDO, FL 32818**

**60026699**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**321 PENNSYLVANIA AVE**      **321 PENNSYLVANIA AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03022007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Winter garden FL**      **Winter garden FL**  
 Zip      Country      Zip      Country  
**34787**      **ORANGE**      **34787**      **ORANGE**

4. FEI Number      Applied For  
**20-4229365**      Not Applicable

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
<b>RUBIO, NESTOR D</b> <b>6523 WYNG LOW LN</b> <b>ORLANDO, FL 32818</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBIO, NESTOR D</b>	NAME	<b>Rubio, Nestor D</b>
STREET ADDRESS	<b>6523 WYNG LOW LN</b>	STREET ADDRESS	<b>321 PENNSYLVANIA AVE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>	CITY-ST-ZIP	<b>Winter garden, FL 34787</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBIO, NESTOR D</b>	NAME	<b>Rubio, Nestor D</b>
STREET ADDRESS	<b>6523 WYNG LOW LN</b>	STREET ADDRESS	<b>321 PENNSYLVANIA AVE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>	CITY-ST-ZIP	<b>Winter garden, FL 34787</b>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Rubio Nestor*      *3/21/07*      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #