

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 06, 2007 8:00 am
Secretary of State

05-07-2007 90059 001 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000027491					
1. Entity Name GALAVIZ PAINTING, INC.					
Principal Place of Business 459 WINNERS CIRCLE LADY LAKE FL 32159			Mailing Address 459 WINNERS CIRCLE LADY LAKE FL 32159		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4376743	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALAVIZ, JUAN C 459 WINNERS CIRCLE LADY LAKE FL 32159				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 _____ <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered agent signature required when submitting.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	
OFFICER	P <input type="checkbox"/> Delete			OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAVIZ, JUAN C			NAME	
STREET ADDRESS	459 WINNERS CIRCLE			STREET ADDRESS	
CITY, ST, ZIP	LADY LAKE FL 32159			CITY, ST, ZIP	
OFFICER	VP <input type="checkbox"/> Delete			OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUVALCABA, MARIA L			NAME	
STREET ADDRESS	459 WINNERS CIRCLE			STREET ADDRESS	
CITY, ST, ZIP	LADY LAKE FL 32159			CITY, ST, ZIP	
OFFICER	<input type="checkbox"/> Delete			OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY, ST, ZIP				CITY, ST, ZIP	
OFFICER	<input type="checkbox"/> Delete			OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY, ST, ZIP				CITY, ST, ZIP	
OFFICER	<input type="checkbox"/> Delete			OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY, ST, ZIP				CITY, ST, ZIP	
OFFICER	<input type="checkbox"/> Delete			OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Juan C Galaviz</u>				04-25-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2007	