

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90026 049 \*\*\*150.00

40102134



03142007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4447694** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # P06000028429**

1. Entity Name  
**R & S PAINTING & DECORATING INC**



Principal Place of Business  
**6701 MALLARDS COVE RD SUITE 44C  
JUPITER, FL 33458**

Mailing Address  
**6701 MALLARDS COVE RD SUITE 44C  
JUPITER, FL 33458**

2. Principal Place of Business - No P.O. Box #  
**6701 MALLARDS COVE RD**

3. Mailing Address

Suite, Apt. #, etc.  
**STE 44F**

Suite, Apt. #, etc.

City & State  
**JUPITER, FL**

City & State

Zip  
**33458** Country

Zip Country

6. Name and Address of Current Registered Agent

**RYDECKI, PIOTR  
6701 MALLARDS COVE RD SUITE 44C  
JUPITER, FL 33458**

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 date if applicable (If not, Registered Agent signature required (noting)) 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P RYDECKI, PIOTR 6701 MALLARDS COVE RD SUITE 44C JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SMYK, BARTOSZ 6701 MALLARDS COVE RD SUITE 44C JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Bartosz Smyk* **04/30/2007** **561-222-6798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #