

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034237

FILED
Feb 06, 2007
Secretary of State

Entity Name: KING DOME CEILINGS MAINTENANCE & REPAIR, INC.

Current Principal Place of Business:

10 REPUBLIC DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

10 REPUBLIC DRIVE
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 20-4455029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAMONDON, ROBERTA A
10 REPUBLIC DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLAMONDON, ROBERTA A
Address: 10 REPUBLIC DRIVE
City-St-Zip: NAPLES, FL 34112 US

Title: VP () Delete
Name: ERNST, RAYMOND M
Address: 4125 24TH AVENUE SE
City-St-Zip: NAPLES, FL 34117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NEMETH, THOMAS R
Address: 5581 WENDY LANE
City-St-Zip: NAPLES, FL 34112 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA A. PLAMONDON

P

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date