

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90058 038 ***158.75

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1. Entity Name
SHINING COLORS, INC.



Principal Place of Business
2048 POMPANO PARKWAY
ORANGE PARK, FL 32073 US

Mailing Address
2048 POMPANO PARKWAY
ORANGE PARK, FL 32073 US

40098737



2. Principal Place of Business - No P.O. Box #

410-9 Blanding Blvd
Ste. 105

3. Mailing Address

410-9 Blanding Blvd
Ste. 105

04122007 Chg-P CR2E034 (12/06)

City & State

Orange Park FL
Zip 32073 Country USA

City & State

Orange Park FL
Zip 32073 Country USA

4. FEI Number

20-4944210

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EFRAIN
2048 POMPANO PARKWAY
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name Efrain Garcia

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

410-9 Blanding Blvd Ste 105

City Orange Park FL Zip Code 32073

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 title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DIR
NAME GARCIA, EFRAIN
STREET ADDRESS 2048 POMPANO PARKWAY
CITY-ST-ZIP ORANGE PARK, FL 32073 ☐ Delete

TITLE P
NAME GARCIA, EFRAIN
STREET ADDRESS 2048 POMPANO PARKWAY
CITY-ST-ZIP ORANGE PARK, FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-07