

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 020 ***150.00

DOCUMENT # P06000081375

1. Entity Name
50% OFF FRAMING OF LEE COUNTY, INC.



Principal Place of Business
**3949 EVANS AVE #403
FT MYERS, FL 33901**

Mailing Address
**3949 EVANS AVE #403
FT MYERS, FL 33901**



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

3. Mailing Address

01082007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5076896

Applied For

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

~~COLA, PAUL
3949 EVANS AVE #403
FT MYERS, FL 33901~~

Name **CATHERINE CONTINO**

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

3949 EVANS AVE #403

City **FT MYERS**

FL

Zip Code
33901

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)

1/9/07
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 **DP** ☒ Delete
NAME **COLA, PAUL**
STREET ADDRESS **3949 EVANS AVE #403**
CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **P/S/T** ☒ Change ☐ Addition
NAME **Catherine Contino**
STREET ADDRESS **3949 Evans Ave #403**
CITY-ST-ZIP **Ft Myers FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07

239-939-7111