

# ANNUAL REPORT (AR)

DOCUMENT # P93000068610

1. Entity Name

COLORTEK PAINTING, INC.



**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

P O BOX 616711  
ORLANDO FL 32861

Mailing Address

P O BOX 616711  
ORLANDO FL 32861



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

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3245348**

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

VALDEZ, PAUL  
4957 WALDEN CIR  
ORLANDO FL 32811

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 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**  
**Make Check Payable to Florida Department of State**

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

NAME  
P VALDEZ, PAUL A ☐ Delete  
STREET ADDRESS  
4957 WALDEN CIR  
CITY-STATE-ZIP  
ORLANDO FL 32808

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP  
U00000714380 ☐ Change ☐ Addition  
04/27/07-80021-004 150.00

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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:

*Paul A. Valdez* - PAUL A. VALDEZ 4/16/07 (407) 352-6270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #