

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
ANNUAL  
REPORT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 12 PM 4:01

DOCUMENT # P93000068610

1. Corporation Name

COLORECTEK PAINTING INC.

2. Principal Office Address - No P.O. Box #

4957 WALDEN CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 616711

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL.

Zip

32811

Country

Zip

32861

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/1993

5. FEI Number

59-3245348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL A. VALDEZ

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

4957 WALDEN CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Paul A. Valdez

REGISTERED AGENT MUST SIGN

Date 1/9/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRESIDENT</u>	<u>PAUL A. VALDEZ</u>	<u>4957 WALDEN CIRCLE</u>	<u>ORLANDO, FL. 32811</u>

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul A. Valdez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS