


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90033 013 \*\*\*150.00

<b>DOCUMENT # P94000011872</b>	
1. Entity Name <b>CASTILLO'S PAINTING, INC.</b>	

Principal Place of Business <b>3790 WHITE BLVD NAPLES, FL 34117</b>	Mailing Address <b>3790 WHITE BLVD NAPLES, FL 34117</b>
--	--

2. Principal Place of Business <b>8153 SARATOGA DR. APT. 1601 NAPLES, FL 34113</b>	3. Mailing Address <b>8153 SARATOGA DR. APT. 1601 NAPLES, FL 34113</b>
---	---

**50059288**



07272005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0464847</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>CASTILLO, WILFREDO 3790 WHITE BLVD NAPLES, FL 34117</b>	
---	--

7. Name and Address of New Registered Agent Name <b>WILFREDO CASTILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8153 SARATOGA DR. APT. 1601</b> City <b>NAPLES</b> FL Zip Code <b>34113</b>	
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST CASTILLO, WILFREDO 3790 WHITE BLVD NAPLES, FL 34117</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTILLO, WILFREDO 3790 WHITE BLVD NAPLES, FL 34117</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wilfredo Castillo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.27.05 239.2539950  
Date Daytime Phone #

TO WHOM IT MAY CONCERN <sup>ATTACHMENT</sup> P94800011872  
50059288

I WILFREDO CASTILLO OWNER OF CASTILLO'S  
PAINTING, INC. MOVED TO A NEW ADDRESS  
ON OCTOBER OF 2004.

I NEVER GOT THE ANNUAL REPORT FOR  
PAYMENT.

I GOT NOTICE OF INTENT TO DISSOLVE TO  
BE PAID BY SEPTEMBER 7, 2005

PLEASE UPDATE THE NEW ADDRESS  
IN THE SYSTEM TO AVOID PENALTIES  
IN THE FUTURE

VERY TRULY YOURS

Wilfredo Castillo

I'M SENDING A CHECK ~~FOR~~ FOR 150  
ANY QUESTIONS 239-253 9950