

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90321 021 ***150.00

DOCUMENT # P94000031434

1. Entity Name
VIP PAINTING, INC.



Principal Place of Business
**11540 WILES ROAD
BAY 5
CORAL SPRINGS, FL 33076**

Mailing Address
**11540 WILES ROAD
BAY 5
CORAL SPRINGS, FL 33076**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0488170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CALDWELL, ALEX
2970 NW 68TH AVENUE *6781 Wild Orchid Trail*
MARGATE, FL 33063 *Lake worth, FL 33467*

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALDWELL, JAMES A
STREET ADDRESS	2970 NW 68 AVE <i>6781 Wild Orchid Trail</i>
CITY-ST-ZIP	MARGATE, FL 33063 <i>Lake worth, FL 33467</i>
TITLE	V
NAME	COTNOIR, CRAIG S
STREET ADDRESS	7805 NW 18 PLAGE <i>1759 NW 80th Ave</i>
CITY-ST-ZIP	MARGATE, FL 33063 <i>Margate, FL 33063</i>
TITLE	VSD
NAME	CALDWELL, MICHELLE
STREET ADDRESS	2970 NW 68 AVENUE <i>6781 Wild Orchid Trail</i>
CITY-ST-ZIP	MARGATE, FL 33063 <i>Lake worth, FL 33467</i>
TITLE	T
NAME	SCHIAPO, ROSEMARY
STREET ADDRESS	5379 NW 60 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VP
NAME	HUMENYI, STEVE
STREET ADDRESS	1120 SW 3RD TERRAGE <i>6261 NE 20th Terrace</i>
CITY-ST-ZIP	POMPANO BEACH, FL 33069 <i>Ft. Laud., FL 33308</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/21/06

Date

954.344.4413

Daytime Phone #