

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

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



04202007 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
6781 WILD ORCHID TRAIL
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, 2007 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	6781 WILD ORCHID TR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	V
NAME	COTNOIR, CRAIG S
STREET ADDRESS	1759 NW 80TH AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VSD
NAME	CALDWELL, MICHELLE
STREET ADDRESS	6781 WILD ORCHID TR
CITY-ST-ZIP	LAKE WORTH, FL 33467
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	6261 NE 20TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000728300
05/07/07-80011-020 158.75

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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

Date

Daytime Phone #

4/23/07 954.344.4413