

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 010 ***158.75

DOCUMENT # P94000077659

1. Entity Name

ARMENTO PAINTING & SONS, INC.



Principal Place of Business

**15480 EMMELMAN RD.
WELLINGTON FL 33414
US**

Mailing Address

**15480 EMMELMAN RD.
WELLINGTON FL 33414
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMENTO, ROCCO J
15480 EMMELMAN RD.
WELLINGTON FL 33414**

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, 2004 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

TITLE DP
NAME ARMENTO, ROCCO J
STREET ADDRESS 15480 EMMELMAN RD.
CITY-ST-ZIP WELLINGTON FL

☐ Delete

TITLE VP
NAME SALINA, FRANK
STREET ADDRESS 703 MARBLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33415

☒ Delete

TITLE VP
NAME GUZMAN, LUIS
STREET ADDRESS 68 SPARROW PL
CITY-ST-ZIP BOYNTON BEACH FL 33414

☒ Delete

TITLE ST
NAME ARMENTO, JOAN
STREET ADDRESS 15480 EMMELMAN RD.
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE VP
NAME SMAR, MICHAEL R
STREET ADDRESS 1351 WYNDCLIFF DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

☒ Delete

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Rocco Armento* **ROCCO J. ARMENTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

5617988928

Daytime Phone #