

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90030 017 ***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

11863 WIMBLEDON CIR
Suite, Apt. #, etc.
#414

3. Mailing Address

11863 WIMBLEDON CIR
Suite, Apt. #, etc.
#414

City & State

WELLINGTON FL

City & State

WELLINGTON FL

Zip
33414

Country
P.B. County

Zip
33414

Country

4. FEI Number

65-0537439

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMENTO, ROCCO J
15480 EMMELMAN RD.
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

ROCCO J ARMENTO

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

11863 WIMBLEDON CIR #414

WELLINGTON FL

City

FL

Zip Code

33414

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, 2005 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARUENTO, ROCCO JR
12174 PRESIMMON BLVD
WEST PALM BEACH FL 33413 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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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 J ARMENTO

ROCCO J ARMENTO

Date

Daytime Phone #

1/28/05 5612187287