

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90029 048 ***150.00

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1. Entity Name

ARMENTO PAINTING & SONS, INC.



Principal Place of Business

11863 WIMBLEDON CIR
#414
WELLINGTON FL 33414
US

Mailing Address

11863 WIMBLEDON CIR
#414
WELLINGTON FL 33414
US

2. Principal Place of Business

9298 NUGENT TRAIL
Suite, Apt. #, etc.
PVT.

3. Mailing Address

9298 NUGENT TRAIL
Suite, Apt. #, etc.
PVT.

City & State

WEST PALM BEACH, FL
Zip 33411 Country P.B. County

City & State

WEST PALM BEACH, FL
Zip 33411 Country P.B. County

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
11863 WIMBLEDON CIR #414
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: ROCCO J ARMENTO
Street Address (P.O. Box Number is Not Acceptable): 9298 NUGENT TRAIL
City: WEST PALM BEACH, FL Zip Code: 33411

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

Rocco J Armento

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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: DP ☒ Delete
NAME: ARMENTO, ROCCO J
STREET ADDRESS: 15480 EMMELMAN RD.
CITY-ST-ZIP: WELLINGTON FL

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP ☒ Change ☐ Addition
NAME: ROCCO J ARMENTO
STREET ADDRESS: 9298 NUGENT TRAIL
CITY-ST-ZIP: W-P-B, FL 33411

TITLE: ☒ Change ☐ Addition
NAME: ROCCO ARMENTO JR
STREET ADDRESS: 12174 PRESIMMON BLVD
CITY-ST-ZIP: W-P-B, FL 33411

TITLE: ☒ Change ☐ Addition
NAME: JOAN ARMENTO
STREET ADDRESS: 9298 NUGENT TR.
CITY-ST-ZIP: W. P. B. FL 33411

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rocco J Armento Rocco J. Armento 3/30/06 561.718.7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #