

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90048 046 \*\*\*150.00

DOCUMENT # P94000077659

1. Entity Name

ARMENTO PAINTING & SONS, INC.



Principal Place of Business

9298 NUGRANT TRL  
PVT  
WEST PALM BEACH FL 33411  
US

Mailing Address

9298 NUGRANT TRL  
PVT  
WEST PALM BEACH FL 33411  
US

2. Principal Place of Business - No P.O. Box #

9298 NUGRANT TRL  
Suite, Apt. #, etc.  
PVT

3. Mailing Address

9298 NUGRANT TRL  
Suite, Apt. #, etc.  
PVT

1st MOORE

CR2E034 (10/06)

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  
9298 NUBRENT TRL  
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
NAME ARMENTO, ROCCO J  
STREET ADDRESS 9298 NUGRANT TRL  
CITY- ST- ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE ST  
NAME ARMENTO, JOAN  
STREET ADDRESS 15480 EMMELMAN RD.  
CITY- ST- ZIP 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 ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/26/07 5612157055  
Daytime Phone #