

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000089810

1. Entity Name

THE VILLAGE PAINT SHOPPE INC.



Principal Place of Business

3801 W LAKE MARY BLVD
LAKE MARY, FL 32746 US

Mailing Address

51 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3287741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEVINE, DONALD E
STREET ADDRESS 51 CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE, NJ 07645

TITLE D
NAME SHOENBERG, TERRY
STREET ADDRESS 51 CHESTNUT RIDGE RD.
CITY-ST-ZIP MONTVALE, NJ 07645

TITLE T
NAME JOHNSON, WILLIAM
STREET ADDRESS 51 CHESTNUT RIDGE RD.
CITY-ST-ZIP MONTVALE, NJ 07645

TITLE PT
NAME AYDT, ROBERT S
STREET ADDRESS 3801 W LAKE MARY BLVD
CITY-ST-ZIP LAKE AMRY, FL

TITLE VP
NAME KILBOURNE, MARK S
STREET ADDRESS 51 CHESTNUT RD
CITY-ST-ZIP MONTVALE, NJ

TITLE S
NAME GLACEUM, JOANN
STREET ADDRESS 51 CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE, NJ

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IN THIS SPACE**

07062005/2564

07/13/05-80006-001 550.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Johnson

Date

Daytime Phone #

7/7/05 (201) 490-6516