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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000000407**1. Corporation Name

RJA PAINTING & DECORATING, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90164 036 ***150.00



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Principal Place	e of Business	Mailing	Address]. * * * * * * * * * * * * * * * * * * *	FE 10 11 14110 0 411111 108 411 <i>></i> [r =41() = 4() 84 ())	92() 58)() E18)	1 8 2 11 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1
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ROYAL PALM E	BEACH FL 33411	ROYAL	PALM BEACH FL 33	411			1	DO NOT W	RITE IN THIS	SPACE	
	·	•					3. Date Incorp	orated or Qualife			
							01/03/19	•			• 1
2. Principal P	lace of Business	2a. Mai	ling Address				4. FEI Number			A	pplied For
21	•	26					65-05590	009		N	ot Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·			\$8.75	Additional
22		27					5. Certificate o	f Status Desired		Fee R	equired
City & Stat	e	City	& State				6. Election Ca	mpaign Financir	1g	\$5.00	-May-Be
23		28					Trust Fund	Contribution		Added	to Fees
Zip	Country	Zip		Count	ry		8. This corpora	ation owes the c	urrent year In	tangible	*
24	25	29		30			Personal Pr	operty Tax.		Yes	□No
an ÷	9. Name and Address	s of Current Registered	d Agent				10. Name and	Address of Nev	w Registered	Agent	
				8	11 N	ame					
	ENTO, ROCCO J JR			a	12 SI	reet Addre	ess (P.O. Box Nun	nber is Not Acce	ptable)		
	GRANDVIEW CIRCLE								<u> </u>		
ROY	AL PALM BEACH FL 3	3411		8	13						
,				8	14 Ci	ity				85 Zip	Code
									<u>FL</u>	<u>- _ </u>	
							ration cubmits this	s statement for t	he purpose of	t changing it:	s registered
11. Pursuant	to the provisions of Sectio	ns 607.0502 and 607.15	508, Florida Statute uch change was au	s, the about thorized b	ove-na	med corpo corporation	n's board of direct	ors. I hereby acc	cept the appo	intment as re	egistered
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP