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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015357 (3)

1. Corporation Name

SONNY PAINTING INC.



Principal Place of Business

Mailing Address

1825 LINCOLN ST. #1
HOLLYWOOD FL 33020

1825 LINCOLN ST. #1
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3001 TAFT ST.

26 3001 TAFT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NO. 8 S "A" AVE

27 NO 8 S "A" AVE

City & State

City & State

23 HOLLYWOOD FL

28 HOLLYWOOD FL

Zip

Country

Zip

Country

24 33021

25 ~~BROWARD~~

29 33021

30

4. FEI Number

65-0558351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUSSIER, ANDRE
1825 LINCOLN ST. #1
HOLLYWOOD FL 33020

81 Name

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

3001 TAFT ST

83

NO 8 S "A" AVE

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *my self* ☐ DELETE

NAME *ANDRE LUSSIER*
STREET ADDRESS *3001 TAFT STREET # 8 S. AVE "A"*
CITY-ST-ZIP *HOLLYWOOD FL 33021*

TITLE *i do all the function in my corporation. i don't have any*
NAME *EMPLOYERS*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001839248

-05/24/96--01103--006

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Andre Lussier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

27/04/96
923-5032

CR2E034 (12/95)