

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90402 044 \*\*\*150.00

**DOCUMENT # P95000019265**

1. Entity Name

S & D INDUSTRIAL PAINTING, INC.



Principal Place of Business

1602 MEXICO AVE  
TARPON SPRINGS, FL 34689

Mailing Address

1602 MEXICO AVE  
TARPON SPRINGS, FL 34689



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3285921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DAMALOS, FRANCIS  
1602 MEXICO AVE  
TARPON SPRINGS, FL 34689

**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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME DAMALOS, FRANCES  
STREET ADDRESS 1602 MEXICO AVE  
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE PD  
NAME DAMALOS, STEVE  
STREET ADDRESS 1602 MEXICO AVENUE  
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE VP  
NAME DAMALOS, NICK  
STREET ADDRESS 1602 MEXICO AVE  
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE T  
NAME DAMALOS, ANGELO  
STREET ADDRESS 1602 MEXICO AVE  
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PAID**

#8382  
4-13-06

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IN THIS SPACE**

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

*Frances Damalos*

**PRESIDENT**

**2.6.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #