

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000020694

1. Entity Name
PETROLLINI PAINTING, INCORPORATED



Principal Place of Business
**9892 ALMETTA AVENUE
FORT MYERS, FL 33919**

Mailing Address
**9892 ALMETTA AVENUE
FORT MYERS, FL 33919**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0639894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETROLLINI, ROBERT J
9892 ALMETTA AVENUE
FORT MYERS, FL 33919**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000915612
05/09/08-80022-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETROLLINI, ROBERT J
STREET ADDRESS	9892 ALMETTA AVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	ST
NAME	PETROLLINI, ANDREA L
STREET ADDRESS	9892 ALMETTA AVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Petrollini

4-21-08

Date

239-454-3534

Daytime Phone #