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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085988

1. Corporation Name

COMPLETE PAINTING & RESTORATION, INC.

Principal Place	of Business	Mailing Address								
5067 TAMIAMI 1	TRAIL E	5067 TAMIAMI TRI	IAL E							
NAPLES FL 34113		NAPLES FL 34113				DO NOT WRITE IN THIS SPACE				
US		US			-	3. Date Incorporated or Qualifed				
						".	10/17/1996			ļ
2 Dringing Di	and of Distingue	2a, Mailing Addre	200				FEI Number		$-\tau$	Applied For
— `·	ace of Business	— <u> </u>				"	65-0703759			Not Applicable
21		26 Suite, Apt. #,	oto				00-0700108			Additional
Suite, Apt.:	#, etc.	<u> </u>	eic.			5.	. Certifcate of Status Desired		7 .	Required
22 City 9 Ctate		City & State	- * -				Clastica Campaign Financia			0 May Be
City & State		— ·				6.	 Election Campaign Financir Trust Fund Contribution 	B □		d to Fees
23 Zip	Country	28 Zip	C	Country		-	This corporation owes the c	urrent vear Inta		
—	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6.	Personal Property Tax.	arrent year tha	Yes	□No
24	9. Name and Address of Currer		[30]			10.	. Name and Address of Nev	v Registered A	gent	
	V. Hallo Brian Landon Dr. Carrier			81	Name					
HAN	DO, DONALD A									
5067 TAMIAMI TRAIL E			82 Stree		Street	Address (F	P.O. Box Number is Not Acce	ptable)		
NAPLES FL 34113			83						_	
177										
				84	City			FL	85 Zi	p Code
44 5	to the provisions of Sections 607.050	00 4 007 1500 Florid	la Statutos, the		-named	corporatio	n cubmite this statement for t	he numose of o	hanging	its registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chanc	ie was authoriz	zed by t	ine corpo	oration's be	oard of directors. I hereby ac	cept the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe	ered Agent	signature r			DATE		
12.	OFFICERS A	ND DIRECTORS	1	13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIREC	TORS IN 12
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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 suppliemental 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 of 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, yith all other like empowered.

SIGNATURE: