

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90094 021 \*\*\*150.00

**DOCUMENT # P97000094173**

1. Entity Name  
**TUBITO PAINTING, INC.**



Principal Place of Business  
**1551 S SE NIEMEYER CIRCLE  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**1551 S SE NIEMEYER CIRCLE  
PORT SAINT LUCIE, FL 34952**

2. Principal Place of Business - No P.O. Box #

**1551 SE S NIEMEYER Cir**  
Suite, Apt. #, etc.

3. Mailing Address

**1551 SE S NIEMEYER Cir**  
Suite, Apt. #, etc.



01042007 Chg-P CR2E034 (12/06)

City & State  
**PORT ST LUCIE FL**

Zip  
**34952**

Country

City & State  
**PORT ST LUCIE FL**

Zip  
**34952**

Country

4. FEI Number  
**65-0686969**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUBITO, NICHOLAS  
5405 STATELY OAKS  
FORT PIERCE, FL 34981**

7. Name and Address of New Registered Agent

Name **N/A**

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

City **FL** Zip Code

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1-23-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TUBITO, NICHOLAS**  
STREET ADDRESS **1928 SW BILTMORE ST**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34984**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **TUBITO, NICHOLAS**  
STREET ADDRESS **1551 SE S NIEMEYER CIRCLE**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-07**

Date

Daytime Phone #