


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90195 026 \*\*\*150.00

<b>DOCUMENT # P98000031817</b>	
1. Entity Name <b>V.A.D. PAINTING AND MAINTENANCE, INC.</b>	

Principal Place of Business <b>1214 S.W. JANETTE AVE HOLLYWOOD, FL 33021</b>	Mailing Address <b>1214 S.W. JANETTE AVE #1021 HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business - No P.O. Box # <b>1214 SOUTH WEST JANETTE</b>	3. Mailing Address <b>1214 SOUTH WEST JANETTE</b>
Suite, Apt. #, etc. <b>AVENUE</b>	Suite, Apt. #, etc. <b>AVENUE</b>

City & State <b>PORT SAINT LUCIE FL. 34953</b>	City & State <b>PORT SAINT LUCIE FL. 34953</b>
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Zip <b>34953</b>	Country <b>FL</b>	Zip <b>34953</b>	Country <b>FL</b>
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04162007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0835604</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PITTER, CARL S 7435 N.W. 57TH ST FORT LAUDERDALE, FL 33319</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS DIXON, VINCENT A 1214 JANETTE AVE. S.W. PORT SAINT LUCIE, FL 34953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** X. Vincent A. Dixon **PRESIDENT** **APRIL 16th, 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #