

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 045 ***150.00

DOCUMENT # P98000091648

1. Entity Name

ROYAL PAINTING & SERVICES, INC.



Principal Place of Business
5675 SHANDY OAKS LN.
NAPLES FL 34119

Mailing Address
5675 SHANDY OAKS LN.
NAPLES FL 34119



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

5675 SHADY OAKS LN.

Suite, Apt. #, etc.

3. Mailing Address

5675 SHADY OAKS LN.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3541118

Applied For

Not Applicable

Zip

34119

Country

COLLIER

Zip

34119

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N
3838 TAMiami TRAIL NORTH
SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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, 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STRYCHARZ, TADEUSZ
STREET ADDRESS 735 BENTWATER CIRCLE #103
CITY- ST- ZIP NAPLES FL 34108

TITLE D ☐ Delete
NAME STRYCHARZ TADEUSZ
STREET ADDRESS 5675 SHADY OAKS LN.
CITY- ST- ZIP NAPLES FL 34119

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

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

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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 Section 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

TADEUSZ

STRYCHARZ 02-07-07/593-8300

Date

Daytime Phone #