

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000033034</b>	
1. Entity Name <b>DAVINCI'S FRESCO &amp; FAUX, INC.</b>	



Principal Place of Business <b>6167 ADKINS AVE. NAPLES, FL 34112</b>	Mailing Address <b>6167 ADKINS AVE. NAPLES, FL 34112</b>
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**DO NOT WRITE IN THIS SPACE**

01082008	No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0908161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHOCH, LEE  
6167 ADKINS AVE.  
NAPLES, FL 34112**

**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: *MAUREEN LEE* DATE: *01/10/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SCHOCH, LEE 6167 ADKINS AVE. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHOCH, MAUREEN 6167 ADKINS AVE. NAPLES, FL 34112
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01/10/08-80024-009 150.00

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:** *Maureen Schoch* **MAUREEN SCHOCH** **1-9-08 2392722735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #