## **2007 FOR PROFIT CORPORATION**

## Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000045616 04-16-2007 90332 039 \*\*\*150.00 TONY'S PAINTING AND DECORATING, INC. 40064000 Principal Place of Business Mailing Address 9030 BURNT STORE RD 9030 BURNT STORE RD PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0930857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILCIK, ANTON Street Address (P.O. Box Number is Not Acceptable) 9030 BURNT STORE RD PUNTA GORDA, FL 33950 4.0 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE □ Delete TITLE Change Addition BILCIK, ANTON :: NAME NAME STREET ADDRESS 9030 BURNT STORE RD STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP VSTD ☐ Change TITLE □ Delete TITLE ☐ Addition BILCIK, MARIA MAME NAME STREET ADDRESS 9030 BURNT SHORE RD STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE \_\_ Change Addition TITLE NAME

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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 it 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP