

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000102614**

1. Entity Name  
**TWO TONE PAINTING, INC.**



Principal Place of Business  
**2148 45TH ST SW  
NAPLES, FL 34116**

Mailing Address  
**2148 45TH ST SW  
NAPLES, FL 34116**



04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3610649</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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

**HARRIS, SALLY W  
2148 45TH ST SW  
NAPLES, FL 34116**

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000759660  
05/24/07-80052-001 150.00

**10. OFFICERS AND DIRECTORS**

|                |                  |
|----------------|------------------|
| TITLE          | P                |
| NAME           | HARRIS, SALLY    |
| STREET ADDRESS | 2148 45TH ST SW  |
| CITY-ST-ZIP    | NAPLES, FL 34116 |

|                |                  |
|----------------|------------------|
| TITLE          | VP               |
| NAME           | HARRIS, NORMAN   |
| STREET ADDRESS | 2148 45TH ST SW  |
| CITY-ST-ZIP    | NAPLES, FL 34116 |

|                |                  |
|----------------|------------------|
| TITLE          | AS               |
| NAME           | HARRIS, MARK A   |
| STREET ADDRESS | 2148 45TH ST SW  |
| CITY-ST-ZIP    | NAPLES, FL 34116 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Sally Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07

Date

239-571-0323

Daytime Phone #