2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002768

1. Entity Name
ATSALIS BROTHERS PAINTING CO.

Principal Place of Business	Mailing Address
22189 E. FOURTEEN MILE ROAD CLINTON TOWNSHIP, MI 48035	22189 E. FOURTEEN MILE ROAD CLINTON TOWNSHIP, MI 48035

DO NOT WRITE IN THIS SPACE

04042006 | No Chg-P | CR2E034 (11/05)

4. FEI Number
38-1750887
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	ATSALAKIS, TONY
STREET ADDRESS	22189 E. FOURTEEN MILE ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48035
TITLE	VD
NAME	ATSALAKIS, NICHOLAS S
STREET ADDRESS	22189 E. FOURTEEN MILE ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48035
TITLE	STD
NAME	ATSALAKIS, GEORGE M
STREET ADDRESS	22189 E. FOURTEEN MILE ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Tony Atsalakis