


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90003 003 ***150.00

| | |
|--|---|
| DOCUMENT # P01000053752 1. Entity Name ISLAND PAINT & POWER WASH INC |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 255 VILLA VERDA RD SAINT AUGUSTINE, FL 32084 | Mailing Address 255 VILLA VERDA RD ST AUGUSTINE, FL 32084 |
|--|---|



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3727357 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HALL, CHARLES E JR
 77 ALMERIA ST
 ST AUGUSTINE, FL 32084

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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP | PVST BUNTING, BRIEN J 255 VILLA VERDA RD ST AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CONNICK, TODD A 255 VILLA VERDA ROAD ST. AUGUSTINE, FL 32080 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BROUGHAM, ERIC L 255 VILLA VERDA RD SAINT AUGUSTINE, FL 32084 |
| 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: Brien J Bunting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2006 471-7104
Date Daytime Phone #