2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

DOCUMENT # P03000116469 1. Entity Name R.D. PAINTING OF THE FLORIDA KEYS, INC.				Secretary of Sta			
Principal Plac		Mailing Address					
800 50 CT Marathon,		PO BOX 501744 Marathon, FL 33050					
			annadar Anna er gyrerna förmet nykafarður ferðu	04192006	No Chg-P	CR2E034	aca sitta (altaa) (i (aa)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	<u> </u>		Applied For
				56-240	8868		Not Applicab
				5. Certificate	of Status Desired		.75 Additional Required
5701 OVE MARATHO	JR.,, WILLIAM N ESQ. RSEAS HWY STE 12 DN, FL 33050 named entity submits this statement for the ions of registered agent.	purpose of changing its registe	rad office or regis	IN .	NOT WITHIS SE	PACE	iliar with, and accep
JIGNATORE.	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE Register	ed Agent signature requ	ired when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			~ ~	5.00 May Be dded to Fees			
10.	OFFICERS AND DIRE	ECTORS			I		
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	DPS DORN, RICHARD 800 50 CT MARATHON, FL 33050	· .	_		U000 05/05/0	00529316 6-80071	004 150.00
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:

TITLE NAME STREET ADDRESS

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

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Data

Daytime Phone #

6565