2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000121497 Secretary of State REITER PAINTING, INC Principal Place of Business Mailing Address 8555 LAREDO ST 8555 LAREDO ST NAVARRE, FL 32566 NAVARRE, FL 32566 04292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2406759 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REITER, EVELYN K. DO NOT WRITE 8555 LAREDO ST NAVARRE, FL 32566 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 tamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (MOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000524260 05/03/06-80098-022 150.00 \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10 OFFICERS AND DIRECTORS **PSTD** TITLE REITER, EVELYN K 8555 LAREDO ST STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 nneMARKE STREET ADDRESS C177-S7-Z7 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST- DP NITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING DIFFICENCY DIRECTOR

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SIGNATURE AND THEO OR PRINTED NAME OF SIGNING DIFFICENCY DIRECTOR

NAME

STREET ADDRESS

CITY - 51- ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chepter 119, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or bloom the chapter of the component of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING DIFFICENCY DIRECTOR

On the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING DIFFICENCY DIRECTOR

On the corporation of the receiver of the trustee empowered.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING DIFFICENCY DIRECTOR

On the corporation of the supplemental report is true and accurate and that my signature shall have the same legal effect as 11 made under cash if the trustee empower of the corporation of the receiver or trustee empower of the corporation of the corporation of the receiver or trustee empower of the corporation of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower or t NAME

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Apr 21, 2006 08:00 AM