

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000124746**

1. Entity Name  
**MIKE WILLIAMSON PAINTING, INC.**



Principal Place of Business      Mailing Address

3564 168TH STREET      3564 168TH STREET  
WELLBORN, FL 32904      WELLBORN, FL 32904

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-F    CR2E034 (11/05)

4. FEI Number      Applied For  
**05-0591748**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMSON, MINDEL M**  
**3564 168TH STREET**  
**WELLBORN, FL 32904**

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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 *Minde M. Williamson*    *Minde M. Williamson* Vice President    *TREASURER 1-31-06*  
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, 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	PD
NAME	WILLIAMSON, MICHAEL S
STREET ADDRESS	3564 168TH STREET
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	VTD
NAME	WILLIAMSON, MINDEL M
STREET ADDRESS	3564 168TH STREET
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	SD
NAME	WILLIAMSON, KENNETH C
STREET ADDRESS	3564 168TH STREET
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80032-002 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Minde M. Williamson*    *Minde M. Williamson* Vice President    *TREASURER 1-31-06*  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #