


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90144 014 \*\*\*150.00

**DOCUMENT # P03000135613**

1. Entity Name  
**DO IT RIGHT THE FIRST TIME PAINTING, INC.**



Principal Place of Business      Mailing Address  
**550 DOLPHIN ST**      **550 DOLPHIN ST**  
**PORT ST JOE, FL 32456**      **PORT ST JOE, FL 32456**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04112006      Chg-P      CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**  
**QUINTANILLA, CHRISTINE**  
**550 DOLPHIN ST**  
**PORT ST JOE, FL 32456**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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	P	<input checked="" type="checkbox"/> Delete
NAME	QUINTANILLA, VICTOR D	
STREET ADDRESS	550 DOLPHIN ST	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUINTANILLA, CHRISTINE	
STREET ADDRESS	550 DOLPHIN ST	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUINTANILLA, DAVID	
STREET ADDRESS	550 DOLPHIN ST	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAYNE, MAITLAND	
STREET ADDRESS	550 DOLPHIN ST	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR GARCIA Quintanilla	
STREET ADDRESS	550 DOLPHIN STREET	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Victor G. Quintanilla*      4-11-06      850-227-4242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #