


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000143833  
 1. Entity Name  
 T.J. KINYON PAINTING, INC.



Principal Place of Business 2227 SHAMROCK ROAD AVON PARK, FL 33825 US	Mailing Address 2227 SHAMROCK ROAD AVON PARK, FL 33825 US
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02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0460444	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RITENOUR, ANTHONY L  
 551 SOUTH COMMERCE AVE.  
 SEBRING, FL 33870

**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 \_\_\_\_\_ (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

1000007474137  
 04/04/06-80011-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINYON, T. J 2227 SHAMROCK ROAD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINYON, JULIE D 2227 SHAMROCK ROAD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR KINYON, JULIE D 2227 SHAMROCK ROAD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA KINYON, T. J 2227 SHAMROCK ROAD AVON PARK, FL 33825
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: *T.J. Kinyon* *T.J. Kinyon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/06* (863) 453-4971  
 Date Daytime Phone #