2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # P03000153779** 04-12-2006 90101 011 ***150.00 MIKE LAUGER'S TIGHTEN-UP PAINTING, INC. Principal Place of Business Mailing Address 14103 NORTHWEST 56TH AVENUE 14103 NORTHWEST 56TH AVENUE DANTITOP GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 04-3781422 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAUGER, MIKE 14103 NW 56 AVE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE, FL 32653 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Delete TITLE Change ☐ Addition LAUGER, MICHAEL E NAME NAME STREET ADORESS 14103 NORTHWEST 56TH AVENUE STREET ADDRESS CITY-ST-7IP GAINESVILLE, FL 32653 CITY-ST-ZIP Secretary / Treasurer Lisa M. Lauger 14103 NW, 56 Ave. Gainesville FL TITLE TITLE 1-5 ☐ Delete ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32653 ☐ Delete TITLE TIT) F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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:

FILED