


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90223 022 ***150.00

DOCUMENT # P04000034420

1. Entity Name
THAT PAINTING CO. CONSTRUCTION, INC.



Principal Place of Business
**12278 E. COLONIAL DR.
 SUITE 600
 ORLANDO, FL 32828 US**

Mailing Address
**12278 E. COLONIAL DR.
 SUITE 600
 ORLANDO, FL 32828 US**

50002955



2. Principal Place of Business
19415 Wimbly Ave

3. Mailing Address
19415 Wimbly Ave

Suite, Apt. #, etc.

03022006 Chg-P CR2E034 (11/05)

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32833

Country
USA

4. FEI Number
65-1218060

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VIG, DANIELLE R
 19413 OBERLY PKWY.
 ORLANDO, FL 32833**

7. Name and Address of New Registered Agent

Name
~~THAT PAINTING CO. CONSTRUCTION, INC.~~

Street Address (P.O. Box Number is Not Acceptable)
~~THAT PAINTING CO. CONSTRUCTION, INC.~~

City
Orlando

FL Zip Code
32833

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 *Danielle R Vig*

Signature typed or printed name of registered agent and, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP/T	<input type="checkbox"/> Delete	TITLE VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERRY, JULIE A		NAME Terry, Julie A	
STREET ADDRESS 3669 W. POWDER HORN RD.		STREET ADDRESS 19415 Wimbly Ave	
CITY-ST-ZIP TITUSVILLE, FL 32796		CITY-ST-ZIP Orlando, FL 32833	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERRY, LONNIE R		NAME Terry, Lonnie R	
STREET ADDRESS 3669 W. POWDER HORN RD.		STREET ADDRESS 19415 Wimbly Ave	
CITY-ST-ZIP TITUSVILLE, FL 32796		CITY-ST-ZIP Orlando, FL 32833	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERRY, MATTHEW J		NAME	
STREET ADDRESS 12278 E. COLONIAL DR.		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32828		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Julie A. Terry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/13/06**

Daytime Phone #: **407-368-8110**