

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000057884	
1. Entity Name PAINT PRO'S ELITE INC.	

Principal Place of Business 83 OAKLAND HILLS CT ROTONDA WEST, FL 33947	Mailing Address 83 OAKLAND HILLS CT ROTONDA WEST, FL 33947
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DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

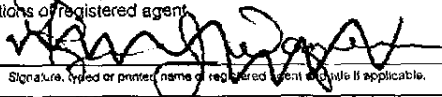
4. FEI Number 20-1045650	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WAGNER, RYAN J
6051 MCKOWN RD.
SARASOTA, FL 34240**

**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  DATE _____
Signature, typed or printed name of registered agent is applicable. (NOTE: Registered Agent signature required when reinstalling)

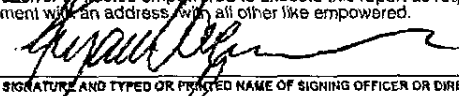
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000544132 05/11/06-80023-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, RYAN J 6051 MCKOWN RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAGNER, JAMES M 6051 MCKOWN RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, JAMES 6051 MCKOWN RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:  **4-25-06 941-830-1377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #