


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000006921**  
 1. Entity Name  
**INTEGRITY PAINTING OF N.W. FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**320 S. SHORE DRIVE**      **320 S. SHORE DRIVE**  
**DESTIN, FL 32550**      **DESTIN, FL 32550**

**DO NOT WRITE IN THIS SPACE**



07032006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3488669**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHAMBLIN, BRUCE D JR**  
**320 S. SHORE DR.**  
**DESTIN, FL 32550**

**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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAMBLIN, BRUCE DEAN JR.
STREET ADDRESS	320 S. SHORE DR.
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	VP
NAME	CHAMBLIN, RICHARD MASON
STREET ADDRESS	64 WHITE HERON DR.
CITY-ST-ZIP	SANTA ROSA BCH, FL 32549
TITLE	T
NAME	CHAMBLIN, KELLY R
STREET ADDRESS	320 S. SHORE DR.
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	S
NAME	CHAMBLIN, AMANDA R
STREET ADDRESS	64 WHITE HERON DR.
CITY-ST-ZIP	DESTIN, FL 32549
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: Bruce D. Chamblin Jr.      Bruce D. Chamblin Jr.      7-6-06      850-650-9889  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #