

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 537398

Entity Name
CONO AUTO PAINTING OF DEL RAY BEACH, INC.



Principal Place of Business
65 N.W. 18TH AVENUE
DELRAY BEACH, FL 33444

Mailing Address
65 N.W. 18TH AVENUE
DELRAY BEACH, FL 33444



01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number **59-1740314** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRANSLEAU, BARRY G.
3605 LOWSON BLVD
DELRAY BEACH, FL 33445

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I, 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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000397158
 01/30/06-80040-001 150.00

OFFICERS AND DIRECTORS

S	ENOS, CHRISTINE S.
ADDRESS	3605 LOWSON BLVD
ZIP	DELRAY BEACH, FL
VPD	TRANSLEAU, DAVID J.
ADDRESS	65 N.W. 18TH AVENUE
ZIP	DELRAY BEACH, FL
PD	TRANSLEAU, KEVIN A.
ADDRESS	65 N.W. 18TH AVENUE
ZIP	DELRAY BEACH, FL
TD	TRANSLEAU, BARRY G.
ADDRESS	3605 LOWSON BLVD
ZIP	DELRAY BEACH, FL
ADDRESS	
ZIP	
ADDRESS	
ZIP	

DO NOT WRITE IN THIS SPACE

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: *Christine Enos* **CHRISTINE ENOS** **1/10/06** **561-276-0387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #