2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of St		
DOCUMENT # 587106				3	ecretary of Sta
Entity Name LONG ISLAND PAINTING COMPANY	,]		
LONG ISLAND PAINTING COMPANY					
Principal Place of Business .	Mailing Address	'			
8339 DUOMO CIR	8339 DUOMO CIR				
BOYNTON BEACH, FL 33437	BOYNTON BEACH, FL 33437				
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			07062006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE	IN THIS SPA	CE	4. FEI Numb	er	Applied For
			59-224	9900	Not Applicable
			5. Certificate	of Status Desired	See Required
6. Name and Address of Current R	egistered Agent				
TRIGONA, SALVATORE			D O	NOT W	DITE
8339 DUOMO CIR	•	100	1 1 3 1 2 2	NOT W	
BOYNTON BEACH, FL 33437		11	in:	THIS SF	ACE
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8. The above named entity submits this statement for	the purpose of changing its register	ed office or register	ed agent, or bo	<u>ாள் மாரி</u> ! th, in the State of Flo	rida. I am familiar with, and accept
the obligations of registered agent.		•	-	Uüadda	570378
SIGNATURE Signature, typed or printed name of registered agent an	d Mari approachie	d Agent signature required	when revolution	07/14/05~	90013701 0 150.00
			- I dell'atatatatagy		DAIL
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006	Selection Campaign Final Trust Fund Contribution.	ncing _ \$5.	00 May Be		with s. 607.193(2)(b), F.S., the not receive the prior notice.
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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

Date

Dayl≠ne Phone #