


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 015 ***150.00

DOCUMENT # G92819 1. Entity Name ISLAND PAINTING & DECORATING, INC.					
Principal Place of Business 615 ROYAL PALM PLACE VERO BEACH, FL 32960 US			Mailing Address P.O. BOX 1267 VERO BEACH, FL 32961-1267 US		
2. Principal Place of Business 991 OYSTER SHELL LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02032006 Chg-P CR2E034 (11/05)	
City & State VERO BEACH, FL		City & State		4. FEI Number 59-2385242	
Zip 32963		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHORNER, JAMES A. 505 BEACHLAND BLVD. VERO BACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Stacy Whitfield</u> <small>Signature, typed or printed name of registered agent and file if applicable.</small>				DATE <u>2/16/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITFIELD, PAUL C. 615 ROYAL PALM PLACE VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Stacy Whitfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2/16/06</u> DAYTIME PHONE # <u>772-231-4526</u>	