


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90023 007 ***150.00

DOCUMENT # H92060	
1. Entity Name MACK PARDUE PAINTING CONTRACTORS, INC.	

Principal Place of Business % MACK S. PARDUE 415 MEANDER LANE CANTONMENT FL 32533 US	Mailing Address % MACK S. PARDUE 415 MEANDER LANE CANTONMENT FL 32533 US
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2. Principal Place of Business 1961 Nature Lane	3. Mailing Address 1961 Nature Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32526	Zip 32526
Country USA	Country USA

4. FEI Number 59-2626803	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARDUE, MACK S. 415 MEANDER LANE CANTONMENT FL 32533	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1961 Nature Lane City PENSACOLA FL Zip Code 32526	

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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARDUE, MACK S. 415 MEANDER LN CANTONMENT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1961 Nature Lane PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARDUE, MARTHA S. 415 MEANDER LN CANTONMENT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1961 Nature Lane PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARDUE, CHRISTOPHER J. 1018 DAFFIN RD MOLINO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martha S. Pardue	Martha S. Pardue	3/24/06	(850) 968-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #