


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J38642**  
 1. Entity Name  
**FINGAR PAINTING, INCORPORATED**



Principal Place of Business  
**11812 N 51ST STREET  
 TAMPA, FL 33617**

Mailing Address  
**11812 N 51ST STREET  
 TAMPA, FL 33617**

**DO NOT WRITE IN THIS SPACE**



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2764457** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FINGAR, WALLACE R. JR.  
 11812 N 51ST STREET  
 TAMPA, FL 33617**

**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: Wallace R. Fingar Jr. (NOTE: Registered Agent signature required when reinstating)  
 DATE: 1/26/06

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINGAR, WALLACE R. JR. 11812 N 51ST STREET TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, LYNDA 11812 N 51ST STREET TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000423628  
 02/18/06-80017-004 158.75

**DO NOT WRITE  
 IN THIS SPACE**

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: Wallace R. Fingar Jr. 1/26/06 (813) 985-3329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #