2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2006 08:00 AM DOCUMENT # J50518 **Secretary of State** 1. Entity Name SOUTHEAST PAINTING AND DECORATING, INC. Principal Place of Business Mailing Address % DANIEL J. STANNEY 5180 49TH AVE., NORTH ST. PETERSBURG FL 33709 % DANIEL J. STANNEY 5180 49TH AVE., NORTH ST. PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2780985 Not Applicat Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANNEY, DANIEL J Street Address (P.Q. Box Number is Not Acceptable) 5180 49TH AVE., NORTH ST. PETERSBURG FL 33709 City 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 accerthe obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature recurred when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. T171 F Delete Diff Addition Change NAME STANNEY, HELEN NAME U00000454695 STREET ADDRESS STREET ADDRESS 5180 49 AVE., NORTH 03/15/06-80026-009 150.00 CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP THE Delete TITLE ☐ Change T Anim MARKE STANNEY, DANIEL J. NAME STREET ADURESS 5180 49 AVE., NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33709 CITY-ST-ZIP TITLE Defete Article IIILE Change DUNNING. KEVIN MANIE STREET ADDRESS 5180 49TH AV N STREET ADDRESS CITY-ST-77P CITY ST-ZIP SAINT PETERSBURG FL 33709 TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP Dolete TITLE ☐ Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-71P CYTY-ST-Z# TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP

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 repeiver 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 attackinglent with an address, with all other like empowered.

DANIEL

SIGNATURE

FILED