

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J50748 1. Entity Name RUSSELL MAY PAINTING, INC.	
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Principal Place of Business % DEE D. REITER 725 BLACKSTONE BLDG. JACKSONVILLE, FL 32202	Mailing Address % DEE D. REITER 725 BLACKSTONE BLDG. JACKSONVILLE, FL 32202
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01192006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748351	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REITER, DEE D. 725 BLACKSTONE BLDG. JACKSONVILLE, FL 32202

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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	PST MAY, RUSSELL 31 SAN PABLO CIRCLE SO. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAY, J. RUSSELL III 31 SAN PABLO CIRCLE SOUTH JACKSONVILLE BEACH, FL 32250
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02/24/06-80042-003 150.00

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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: *Russell May* **Russell May Pres.** **2-3-06** **904 568 9669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #