

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # L37161</b><br>1. Entity Name<br><b>JESSIE'S PAINTING, INC.</b>  |   |                                 |  |                                  |  |
| Principal Place of Business<br><b>8952 SW 58 CT<br/>COOPER CITY FL 33328</b>  |   |                                 | Mailing Address<br><b>8952 SW 58 CT<br/>COOPER CITY FL 33328</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                        |  |  |
| City & State  |   |                                 | City & State   |  |  |
| Zip   |   | Country                         |  | Zip  |  |
| Country   |   | Country                         |  | 4. FEI Number<br><b>65-0179596</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>SWARTZ, GARY L.<br/>8952 SW 58 CT.<br/>FORT LAUDERDALE FL 33328</b>   |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| 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. |   |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| SIGNATURE <i>Ruth Quinter-Swartz</i> (officer)<br><small>Signature typed or printed name of registered agent and title if applicable</small>  |   |                                 |  | DATE   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fee</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>SWARTZ, GARY L.</b><br><b>8952 S.W. 58 COURT</b><br><b>COOPER CITY FL 33328-5174</b>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <b>U00000450700</b><br><b>03/10/06-80015-016 150.00</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>QUINTER, SWARTZ R</b><br><b>8952 S.W. 58 COURT</b><br><b>COOPER CITY FL 33328-5174</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |

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:** *Ruth Quinter-Swartz* 2-20-06 (954) 434-47