


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L57603</b>	
1. Entity Name <b>WINSOME PAINTING, INC.</b>	

Principal Place of Business <b>% JOSEPH A. FASANELLI 4706 E ROBINHOOD TR SARASOTA, FL 34232 US</b>	Mailing Address <b>% JOSEPH A. FASANELLI 4706 E ROBINHOOD TR SARASOTA, FL 34232 US</b>
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04022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0179369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FASANELLI, JOSEPH A. 4706 E. ROBINHOOD TRAIL SARASOTA, FL 34232</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000492825 04/19/06-80080-015 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FASANELLI, JOSEPH A. 4706 E ROBINHOOD TR SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FASANELLI, ANTHONY J. 6212 TURTLE CREEK LANE SARASOTA, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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:** *Joseph A. Fasanelli* **secretary** 4/3/06 941-180-5593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #