

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90108 016 \*\*\*150.00

**DOCUMENT # L59713**  
 1. Entity Name  
**SUE'S PAINT CONTRACTOR, INC.**



Principal Place of Business Mailing Address  
 512 CIRCLE DR. N.W. 512 CIRCLE DR. N.W.  
 FT WALTON BEACH FL 32547-3929 FT WALTON BEACH FL 32547-3929



2. Principal Place of Business 3. Mailing Address  
**803 South Dr.** **803 SOUTH Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State 4. FEI Number Applied For  
**Fort Walton Bch FL.** **Fort Walton Bch. FL.** **59-3073823**  Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
**32547 OKalooosa 32547 OKalooosa**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**VOSBURGH, LESLIE** Name **Vosburgh Leslie**  
**679 KEHLHEM DR.** Street Address (P.O. Box Number is Not Acceptable)  
**FT WALTON BEACH FL 32548** **1336 Blueberry LN.**  
 City **Fort Walton Bch.** **FL** Zip Code **32547**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VOSBURGH, LESLIE</b> <b>512 CIRCLE DR NW</b> <b>FORT WALTON BEACH FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HARRISON, MICHAEL</b> <b>13 PORT DIXIE BLVD.</b> <b>SHALIMAR FL 32579</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WADE, JAMES</b> <b>317-D BREAM AVE.</b> <b>FORT WALTON BEACH FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leslie Vosburgh* Leslie Vosburgh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_