

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90091 029 \*\*\*150.00

<b>DOCUMENT # L68910</b> 1. Entity Name <b>JERRY BALDWIN PAINTING, INC.</b>			
Principal Place of Business <b>2135 MITCHELL LANE PORT ORANGE FL 32128</b>		Mailing Address <b>% JERRY A. BALDWIN 2135 MITCHELL LANE DAYTONA BEACH FL 32124</b>	
2. Principal Place of Business <b>2135 MITCHELL LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2135 MITCHELL LANE</b> Suite, Apt. #, etc.	
City & State <b>DAYTONA BEACH</b> Zip <b>32128</b>		City & State <b>DAYTONA BEACH FL</b> Zip <b>32128</b>	
4. FEI Number <b>59-3070018</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent <b>BALDWIN, JERRY A. 2135 MITCHELL LANE DAYTONA BEACH FL 32124</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Jerry Baldwin</i></u> DATE: <u>6/12/06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, JERRY A. 2135 MITCHELL LANE DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Jerry Baldwin</i></u> <b>JERRY BALDWIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>6/12/06</u> Daytime Phone #	