

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 042 ***150.00

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1. Entity Name
NMB PAINT SALES, INC.



Principal Place of Business

**15520 W. DIXIE
N. MIAMI BEACH, FL 33162**

Mailing Address

**15520 W. DIXIE
N. MIAMI BEACH, FL 33162**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2691114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CURRY, J. DAVID, SR.
1101 CHOKOLOSKEE DR #1175
CHOKOLOSKEE, FL 34138**

**DO NOT WRITE
IN THIS SPACE**

Post office / county changed #'s

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-06

**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	CD
NAME	CURRY, J. DAVID SR.
STREET ADDRESS	1161 CHOKOLOSKEE DR
CITY- ST- ZIP	CHOKOLOSKEE, FL 34138
TITLE	SD
NAME	CURRY, DIANA L.
STREET ADDRESS	1161 CHOKOLOSKEE
CITY- ST- ZIP	CHOKOLOSKEE, FL 34138
TITLE	PD
NAME	GRANT, MICHAEL R
STREET ADDRESS	5005 N. TRAVELERS PALM LANE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

[Signature] **OWNER**