

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M56229 1. Entity Name MASTER PAINTERS - PAUL ROORDA, INC.		
Principal Place of Business C/O PAUL ROORDA III PO BOX 1141 JUPITER, FL 33468 US	Mailing Address C/O PAUL ROORDA III 15700 75TH AVE PALM BEACH GARDENS, FL 33410 US	



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2840527	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROORDA, PAUL III 15700 75TH AVE PALM BEACH GARDENS, FL 33418		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS		000000423482 02/18/06-80011-003 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROORDA, PAUL III 15700 75 AVE. PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV ROORDA, PAUL JR. 200 OCEAN TRAIL WAY #401 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROORDA, IRENE 15700 75 AVE. PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROORDA, RUTH 200 OCEAN TRAIL WAY #401 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROORDA, THEODORE 200 OCEAN TRAIL WAY #401 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Ruth E. Roorda Ruth E. Roorda 2/3/06 561-747-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #