

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90036 007 \*\*\*\*61.25



**DOCUMENT # N99000003814**

1. Entity Name

**STREET PAINTING FESTIVAL, INC.**

Principal Place of Business

709 LUCERNE AVE  
 LAKE WORTH FL 33460

Mailing Address

709 LUCERNE AVE  
 LAKE WORTH FL 33460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0930848

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBBER, MARYANN**  
**709 LUCERNE AVE**  
**LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Maryanne Webber, President*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*2/2/06*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MESA, MANUEL	
STREET ADDRESS	416NO PALMWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEBBER, MARYANNE	
STREET ADDRESS	327 N LAKESIDE DR	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SEIDEN, LOUISE	
STREET ADDRESS	308 S PALMWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARYANNE WEBBER	
STREET ADDRESS	327 N. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Ramiccio	
STREET ADDRESS	1717 HOL Street	
CITY-ST-ZIP	LakeWorth FL 33460	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRULE R. WEBBER	
STREET ADDRESS	327 N. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIN EHMAN ALLEN	
STREET ADDRESS	208 So. Lakeside Drive #513	
CITY-ST-ZIP	Lakeworth FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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:

*Maryanne Webber*

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