

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT #P00800015364					
1. Entity Name MYERS PAINTING, INC.					
Principal Place of Business 11136 SAVAGE COURT HOWEY-IN-THE-HILLS FL 34737			Mailing Address 11136 SAVAGE COURT HOWEY-IN-THE-HILLS FL 34737		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3630555	
6. Name and Address of Current Registered Agent MYERS, LORRAINE 11136 SAVAGE COURT HOWEY-IN-THE-HILLS FL 34737				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when consolidating) DATE _____					
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MYERS, DAVID A			NAME	
STREET ADDRESS	11136 SAVAGE COURT			STREET ADDRESS	000000478517
CITY- ST- ZIP	HOWEY-IN-THE-HILLS FL 34737			CITY- ST- ZIP	04/08/06-00009-002 150.00
TITLE	P ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MYERS, GARY			NAME	
STREET ADDRESS	11136 SAVAGE COURT			STREET ADDRESS	
CITY- ST- ZIP	HOWEY IN THE HILLS FL 34737			CITY- ST- ZIP	
TITLE	V ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MYERS, DANIEL			NAME	
STREET ADDRESS	11136 SAVAGE COURT			STREET ADDRESS	
CITY- ST- ZIP	HOWEY IN THE HILLS FL 34737			CITY- ST- ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				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 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]*

3-3-06 (352) 324-2765