

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000030086

1. Entity Name
J & V PAINTING CORP.



Principal Place of Business
1403 MCARTHUR AVENUE
LEHIGH, FL 33972

Mailing Address
1403 MCARTHUR AVENUE
LEHIGH, FL 33972



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3549311

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUYA, JUAN C
1403 MCARTHUR AVE
LEHIGH ACRES, FL 33972

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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

U00000402397

02/03/06-80006-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TUYA, JUAN C
1403 MCARTHUR AVENUE
LEHIGH ACRES, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TUYA, JUAN CARLOS
1403 MCARTHUR AVENUE
LEHIGH, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUYA, NELSON
1403 MCARTHUR AVENUE
LEHIGH, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05

Date

Daytime Phone #