


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P00000033571 |  |
| 1. Entity Name RANDY'S SPRAY TEXTURE, INC. | |



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| Principal Place of Business 4178 SETON CIRCLE PALM HARBOR FL 34683 | Mailing Address 4178 SETON CIRCLE PALM HARBOR FL 34683 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3645051 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/05)

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|---|--|
| 6. Name and Address of Current Registered Agent PRIEST, NORMA J 4178 SETON CIR PALM HARBOR FL 34683 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 *Norma J. Priest* *Norma J. Priest* 2/23/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | D PRIEST, RANDY J 986 SUNRISE DRIVE TARPOON SPRINGS FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U000000448533 03/09/06-80019-013 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRIEST, NORMA J 4178 SETON DR PALM HARBOR FL 34683 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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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: *Norma J. Priest* *Norma J. Priest* 2/23/06
Signature, typed or printed name of signing officer or director Date