

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000044391**

1. Entity Name  
RIVER CITY QUALITY PAINTING, INC.



Principal Place of Business  
736 AMBERJACK LN.  
ATLANTIC BEACH, FL 32233

Mailing Address  
736 AMBERJACK LN.  
ATLANTIC BEACH, FL 32233



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3643813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PETERS, WALTER  
736 AMBERJACK LN.  
ATLANTIC BEACH, FL 32233

**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 resigning) DATE \_\_\_\_\_

**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

000000575648  
08/30/06-80003-008 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETERS, WALTER
STREET ADDRESS	736 AMBERJACK LN.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

TITLE	D
NAME	ARENAS, ISABELLO
STREET ADDRESS	735 BONITA RD.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

TITLE	D
NAME	ARENAS, BOANERJES
STREET ADDRESS	3271 FOURACRE CIR.
CITY-ST-ZIP	CALLAHAN, FL 32011

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

8-28-06 904 249-9735  
Date Daytime Phone #