## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # P00000053541 1. Entity Name PRO PAINT CENTER, INC. Mailing Address Principal Place of Business 3730 CENTRAL AVE 3730 CENTRAL AVE ST PETERSBURG, FL 33711 ST PETERSBURG, FL 33711 CR2E034 (11/05) 03152006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3649933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPEJOY, DANIEL J DO NOT WRITE 3730 CENTRAL AVE ST PETERSBURG, FL 33711 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 eccept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and ritle if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE POPEJOY, DANIEL J NAME STREET ADDRESS 3730 CENTRAL AVE 1100000486852 04/13/06-80054-007 150.00 City-ST-ZIP ST PETERSBURG, FL 33711 T)T) F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP BILE 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 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.

DILE NAME STREET ADDRESS CITY-ST-ZIP

ICER OR DIRECTOR

3-2806

**FILED**