

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90022 006 \*\*\*150.00

**DOCUMENT # P00000079292**

1. Entity Name  
**R. CURTIS MOORE PAINTING INC.**



Principal Place of Business *change address*  
**4617 BLOUNT AVE**  
**JACKSONVILLE, FL 32220**

Mailing Address *change address*  
**4617 BLOUNT AVE**  
**JACKSONVILLE, FL 32220**

**50009521**



2. Principal Place of Business  
**3228 Cathedral Ln.**

3. Mailing Address  
**3228 Cathedral Ln.**

04012006 Chg-P CR2E034 (11/05)

City & State  
**Jacksonville Florida**

City & State  
**Jacksonville Florida**

Zip  
**32277**

Country

Zip  
**32277**

Country

4. FEI Number  
**59-3670388**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, ROBERT C**  
**4617 BLOUNT AVE**  
**JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name **Robert C. Moore**

Street Address (P.O. Box Number is Not Acceptable)  
**3228 Cathedral Ln.**

City **Jacksonville** FL Zip Code **32277**

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 **Robert C. Moore** DATE **4-01-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

| 10. OFFICERS AND DIRECTORS |                               |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|-------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | P                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>MOORE, ROBERT C</b>        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>4617 BLOUNT AVE</b>        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>JACKSONVILLE, FL 32210</b> |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                               |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                               |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                               |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                               |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                               |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                               |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> 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 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: **Robert C. Moore** DATE **4-01-06** DAYTIME PHONE # **904-728-9664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR