

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90016 004 ***150.00

DOCUMENT # P00000101984

1. Entity Name
FINE LINE PAINTING, INC.



Principal Place of Business
**12855 SW 76TH PL
STARKE, FL 32091**

Mailing Address
**RT 4 BOX 1194
STARKE, FL 32091**

40093106



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3686940

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLAND, KAREN
12855 SW 76TH PL
STARKE, FL 32091**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BLAND, KAREN
RT 4 BOX 1194
STARKE, FL 32091**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BLAND, STEPHEN
RT 4 BOX 1194
STARKE, FL 32091**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/6(904)964-6259
Date Daytime Phone #

ATTACHMENT 46093100
PC00020101984

To Whom It May Concern,
I did not know, as no one at the post
office explained, that I wouldn't be able to
send delivery confirmation to this address.
Please see that per the date I mailed it
per the required date.

Sincerely,
Karen E. Bland

12855 S.W. 76th PL
Starke, Fla 32091
(904) 964-6259

U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.
Article Sent To: (to be completed by mailer)
Divisions of Corporations
P.O. Box 1500
Tallahassee, Fla 32302-1500

DELIVERY CONFIRMATION NUMBER: 7454 4642 2000 0172 50ED

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or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)
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(See Reverse)

PS Form 162, May 2002