## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on ag attachment with an address, with all other like empowered

SIGNATURE:

## FILED Sep 08, 2006 8:00 am Secretary of State DOCUMENT # P01000099100 1. Entity Name 09-08-2006 90006 001 \*\*\*\*\*8.75 YSAAC HOME SERVICES & PAINTING, INC. 09-08-2006 90006 002 \*\*\*150.00 Principal Place of Business Mailing Address 1544 S. A1A 1544 S. A1A FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2. Principal Place of Business 3. Mailing Address 121 PINELAKE PRWY Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) 308 4. FEI Number City & State City & State Applied For Palm Coas 65-1143579 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32137 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISAAC, JHONY 1544 S. A1A Street Address (P.O. Box Number is Not Acceptable) FLAGLER BEACH FL 32136 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 200 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition ISAAC, JHONY NAME NAME STREET ADDRESS 1544 S. A1A STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH;FL 32136 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete DILE THUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 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

5-06 910 273-6970