


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90400 040 \*\*\*150.00

<b>DOCUMENT # P01000116440</b>						
<b>1. Entity Name</b> THE PAINTING PROFESSIONALS OF NORTH WEST FLORIDA, INC.						
<b>Principal Place of Business</b> 104 PALMETTO DR. CRESTVIEW, FL 32539			<b>Mailing Address</b> 104 PALMETTO DR. CRESTVIEW, FL 32539			
<b>2. Principal Place of Business</b> 10384 DOUBLE R RANCH Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO BOX 1027 Suite, Apt. #, etc.				
<b>City &amp; State</b> HOLT, FL.		<b>City &amp; State</b> CRESTVIEW, FL.		<b>4. FEI Number</b> -59-3756819		
<b>Zip</b> 32564		<b>Country</b> SANTA ROSA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> FOURNIER, DANIEL J 104 PALMETTO DR. CRESTVIEW, FL 32539			<b>7. Name and Address of New Registered Agent</b> Name: NATALINA FOURNIER Street Address (P.O. Box Number is Not Acceptable): 10384 DOUBLE R RANCH Rd City: HOLT, FL, Zip Code: 32564			
<b>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.</b> SIGNATURE: <u>Natalina Fournier</u> <u>NATALINA FOURNIER</u> <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PD	<b>NAME</b> FOURNIER, NATALINA		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 104 PALMETTO DR.	<b>CITY-ST-ZIP</b> CRESTVIEW, FL 32539			<b>STREET ADDRESS</b> 10384 DOUBLE R RANCH Rd	<b>CITY-ST-ZIP</b> HOLT, FL. 32564	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Natalina Fournier</u>			<u>Natalina Fournier</u> President			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-27-06</u> 850 957-4877 <small>Daytime Phone #</small>			