
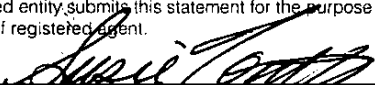


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 027 ***150.00

DOCUMENT # P02000008763			
1. Entity Name GLENN W. KING PROFESSIONAL PAINTING, INC.			
Principal Place of Business 2101 68TH TERR. SOUTH ST. PETERSBURG FL 33712		Mailing Address 2101 68TH TERR. SOUTH ST. PETERSBURG FL 33712	
2. Principal Place of Business 1795 58th Circle So.		3. Mailing Address 1795 58th Circle So	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Pete, FL		City & State St. Pete, FL	
Zip 33712	Country Pinellas	Zip 33712	Country Pinellas.
6. Name and Address of Current Registered Agent KING, GLENN W 2101 68TH TERR. SOUTH ST. PETERSBURG FL 33712		7. Name and Address of New Registered Agent Name Susie Toniatti Street Address (P.O. Box Number is Not Acceptable) 1795 58th Circle So. City St. Pete FL Zip Code 33712	
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  DATE 4/15/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GLENN W 2101 68TH TERR. SOUTH ST. PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. King, Glenn W. 1795 58th Circle So St. Pete, FL 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

Date

Daytime Phone #

4/15/06 727-472-9128