

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90185 049 ***150.00

DOCUMENT # P02000015793

1. Entity Name

JOHN SALYERS JR. PAINTING INC.



Principal Place of Business

4133 S.W. 6TH PLACE
CAPE CORAL FL 33914
The Atrium

Mailing Address

4133 S.W. 6TH PLACE
CAPE CORAL FL 33914



2. Principal Place of Business

8695 College Pkwy
Suite, Apt. #, etc.
214

3. Mailing Address

916 NW 15th Ave
Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Cape Coral FL

Zip

33919

Country

USA

Zip

33993

Country

USA

4. FEI Number

01-0604318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALYERS, TINA
4133 S.W. 6TH PLACE
CAPE CORAL FL 33914
916 NW 15th Ave
33993

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALYERS, JOHN JR.	
STREET ADDRESS	4133 S.W. 6TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	916 NW 15th Ave	
CITY-ST-ZIP	Cape Coral, FL 33993	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina Salyers	
STREET ADDRESS	916 NW 15th Ave	
CITY-ST-ZIP	Cape Coral, FL 33993	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. Salyers SR	
STREET ADDRESS	16870 John Morris Rd	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

2-15-06 239-540-2016

Date

Daytime Phone #