


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90033 013 \*\*\*150.00

<b>DOCUMENT # P02000043615</b>		
1. Entity Name <b>DURHAM PAINTING, INC.</b>		

Principal Place of Business <b>340 GARDNER DRIVE FT WALTON BEACH, FL 32548</b>	Mailing Address <b>340 GARDNER DRIVE FT WALTON BEACH, FL 32548</b>
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40006338



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number <b>04-3659689</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32548</b>	Country <b>OKA/000A</b>	Zip <b>SAME</b>	Country <b>SAME</b>

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DURHAM, ROBERT E 340 GARDNER DRIVE FT WALTON BEACH, FL 32548		Name <b>Robert E Durham</b> Street Address (P.O. Box Number is Not Acceptable) <b>340 Gardner Drive</b> City <b>OKA/000A</b> FL Zip Code <b>32548</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.

SIGNATURE \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Printer DURHAM, ROBERT E 340 GARDNER DRIVE FT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST DURHAM, ROBERT E 340 GARDNER DRIVE FT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Printer DURHAM, SHAUN E 340 GARDNER DRIVE FORT WALTON BEACH, FL 32548</b> <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 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

12306

Date

850-244-3636

Daytime Phone #