



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 003 ***150.00

DOCUMENT # P02000071685 1. Entity Name A.P.T. APARTMENT PAINTING OF TAMPA, INC.																													
Principal Place of Business 7003 DUNCAN AVE. N. TAMPA, FL 33604			Mailing Address 7003 DUNCAN AVE. N. TAMPA, FL 33604																										
2. Principal Place of Business 8303 REGINA PL. Suite, Apt. #, etc.		3. Mailing Address 8303 REGINA PL. Suite, Apt. #, etc.																											
City & State TAMPA, FL.		City & State TAMPA FL.		4. FEI Number 41-2045642																									
Zip 33615		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GRIEVE, MARK C II 7003 DUNCAN AVE. N. TAMPA, FL 33604				7. Name and Address of New Registered Agent Name GRIEVE, MARK C II Street Address (P.O. Box Number is Not Acceptable) 8303 REGINA PL. City TAMPA FL Zip Code 33615																									
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 MARK C. GRIEVE II MARK C. GRIEVE II 4-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD GRIEVE, MARK C</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7003 DUNCAN AVE. N.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMPA, FL 33604</td> </tr> </table>			TITLE	PSTD GRIEVE, MARK C	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	7003 DUNCAN AVE. N.		CITY-ST-ZIP	TAMPA, FL 33604		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD GRIEVE, MARK C II</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8303 REGINA PL.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMPA, FL 33615</td> </tr> </table>			TITLE	PSTD GRIEVE, MARK C II	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	8303 REGINA PL.		CITY-ST-ZIP	TAMPA, FL 33615	
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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: MARK C. GRIEVE II MARK C. GRIEVE II 4-18-06 813-417-2231 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													