


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000079463</b>	
<b>1. Entity Name</b> JAN HOLMSTED PAINTING & PRESSURE CLEANING, INC.	

<b>Principal Place of Business</b> 6306 MADRAS CIRCLE BOYNTON BEACH, FL 33437	<b>Mailing Address</b> 6306 MADRAS CIRCLE BOYNTON BEACH, FL 33437
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02042006 No Chg-P CR2E034 (11/05)

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<b>4. FEI Number</b> 11-3662205	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<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>  MIERZWA & ASSOCIATES, P.A. 3900 WOODLAKE BLVD. SUITE 212 LAKE WORTH, FL 33463
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**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 renewing) **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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> HOLMSTED, JAN 6306 MADRAS CIRCLE BOYNTON BEACH, FL 33437
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> HOLMSTED, LAURA 6306 MADRAS CIRCLE BOYNTON BEACH, FL 33437
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> BUSCEMI, JOE 1154 WHITE PINE DR WEST PALM BEACH, FL 33414
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> SINGER, MARK 116 LIGHTHOUSE CIRCLE, APT 1 TEQUESTA, FL 33469
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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02/25/06-80043-004 150.00

**DO NOT WRITE  
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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:** *Jan Holmsted President* **2-3-06 561-7150246**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #