

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000088395

1. Entity Name

ERIC'S PAINTING SERVICE, INC.



**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90022 030 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business
1534 FRANCIS AVE.
#1534
SARASOTA FL 34232

Mailing Address
1534 FRANCIS AVE.
SARASOTA FL 34232

2. Principal Place of Business
1534 FRANCIS AVE.
Suite, Apt. #, etc.
SARASOTA FL

3. Mailing Address
1534 FRANCIS AVE.

City & State
SARASOTA FL

Zip 34232 Country U.S.A.

Zip 34232 Country U.S.A.

6. Name and Address of Current Registered Agent
SZUL, ERIC
1534 FRANCIS AVE.
SARASOTA FL 34232

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	SZUL, ERIC		NAME
STREET ADDRESS	1534 FRANCIS AVE.		STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
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STREET ADDRESS			STREET ADDRESS
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TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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: *Eric Srd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

312106-941232-1546

Date

Daytime Phone #