

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017956

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: JASON SILFIES PAINTING INC.

**Current Principal Place of Business:**

6415 DALLAS AVE  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

6415 DALLAS AVE  
COCOA, FL 32927

**New Mailing Address:**

FEI Number: 20-0161440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEHNEL, JENNIFER  
6415 DALLAS AVE  
PORT ST JOHN, FL 32927 US

**Name and Address of New Registered Agent:**

SILFIES, JASON  
6415 DALLAS AVE  
PORT ST JOHN, FL 32927 US

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.

SIGNATURE: JASON SILFIES

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILFIES, JASON  
Address: 6415 DALLAS AVE  
City-St-Zip: PORT ST JOHN, FL 32927

Title: VD (X) Delete  
Name: FEHNEL, JEROMEY  
Address: 6415 DALLAS AVE  
City-St-Zip: PORT ST JOHN, FL 32927

Title: SD (X) Delete  
Name: FEHNEL, JENNIFER  
Address: 6415 DALLAS AVE  
City-St-Zip: PORT ST JOHN, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON SILFIES

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date