

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018885

1. Entity Name
CARMONA'S PAINTING, INC.



Principal Place of Business
4557 PHILADELPHIA CIRCLE
KISSIMMEE, FL 34746

Mailing Address
4557 PHILADELPHIA CIRCLE
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE



05172006 No Chg-P CR2E034 (11/05)

4. FEI Number **11-3679178** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONA, ARTURO B
4557 PHILADELPHIA CIR
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMONA, ARTURO B 4557 PHILADELPHIA CIR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LOPEZ, SANDRA 4557 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GONZALEZ, DORA 4557 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARMENA, ARTURO J 4557 PHILADELPHIA CIR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565854
 05/23/06-80001-010 558.75

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arturo Carmona*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-18-06 407-761-941
 Date Daytime Phone #