2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90017 035 ***150.00

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1. Entity Name
HERB WEST PAINTING CONTRACTOR INC.

Principal Place of Business	Mailing Address
1361 SE ST. JOSEPH AVE. STUART, FL 34996	1361 SE ST. JOSEPH AVE. STUART, FL 34996

2. Principal Place of Business	3. Mailing Address
Herb West Painting, Inc. *Office* *5334 SE Horseshoe Pt. Rd.* *Stuart, FL 34997-2322*	*Herb West Painting, Inc.* *Office* *5334 SE Horseshoe Pt. Rd.* *Stuart, FL 34997-2322*
Zip	Country	Zip	Country

02052006 Chg-P CR2E034 (11/05)

4. FEI Number
54-2106116
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEST, HERB 1361 SE ST. JOSEPH AVE. STUART, FL 34996	Name: HERB WEST Street Address (P.O. Box Number is Not Acceptable) 5334 SE HORSESHOE PT RD City: STUART **FL** Zip Code: 34997

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: HERB WEST PD — DATE: 2/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEST, HERB 1361 SE ST. JOSEPH AVE. STUART, FL 34996	☒ Delete	PD HERB WEST 5334 SE HORSESHOE PT RD STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: — 2/5/06 (772) 215-9061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #