


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044934	
1. Entity Name GULFSIDE PAINTING COMPANY	

Principal Place of Business 6892 CORRAL CIR SARASOTA, FL 34243	Mailing Address 6892 CORRAL CIR SARASOTA, FL 34243
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2. State of Florida	
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06 APR 27 AM 11:35



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0018516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOHMAN, JOHN 6892 CORRAL CIR SARASOTA, FL 34243

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOHMAN, JOHN 6892 CORRAL CIR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOHMANN, LINDA M 6892 CORRAL CIR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

Handwritten initials

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05/08/06--01015--026 **300.00

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: *John R. Hohmann* 4/24/06 941-355-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #