

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062405

Entity Name: PAUL & NANCY, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1040 C PALM COAST PKWY
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

19 FLARESTONE CT
1040 C PALM COAST PKWY
PALM COAST, FL 32137

New Mailing Address:

1040 C PALM COAST PKWY
PALM COAST, FL 32137

FEI Number: 20-0067150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEPS, DONALD J
4 OLD KINGS RD N STE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAPPIELLO, JULIO
Address: 19 FLARESTONE CT
City-St-Zip: PALM COAST, FL 32137

Title: VST () Delete
Name: CAPPIELLO, ANN MARIE
Address: 1040 C PALM COAST PKWY
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY RICHARDS

MRS

04/24/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date