

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000067658 1. Entity Name CLYDES CUT AND COLORS INC					
Principal Place of Business P.O. BOX 40124 JACKSONVILLE FL 32203-0124			Mailing Address P.O. BOX 40124 JACKSONVILLE FL 32203-0124		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2676747	
6. Name and Address of Current Registered Agent SMITH, CLYDE E 523 W. 62ND ST. JACKSONVILLE FL 32208				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, ALVIN E JR. 4081 SAN JUAN AVE. JACKSONVILLE FL 32210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> U00000558785 05/17/06-80106-015 150.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CLYDE E 523 W. 62ND ST. JACKSONVILLE FL 32208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	



1st MOORE CR2E034 (10/05)

Applied For
Not Applicable

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

FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition

U00000558785
05/17/06-80106-015 150.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clyde E. Smith **CLYDE E. SMITH** **APRIL 27, 2006** **904-764-0668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #