2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000084951

1. Entity Name

GREEN ACRES PAINT AND BODY, INC.



Principal Place of Business

Mailing Address

417 GREEN ACRES ROAD FT. WALTON BEACH, FL 32547 417 GREEN ACRES ROAD FT. WALTON BEACH, FL 32547

FILED Feb 01, 2006 08:00 AM Secretary of State



01302006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0120387 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent					
DAVIS, EDWIN JEAN 417 GREEN ACRES ROAD FT. WALTON BEACH, FL 32547			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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	190000415040 02/11/06-80064-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DAVIS, DENNIS D 507 A CIRCLE DR., N.W. FT. WALTON BEACH, FL 32548 D DAVIS, EDWIN JEAN 507 A CIRCLE DR., N.W. FT. WALTON BEACH, FL 32548	TOHS			- -
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/06 850-862-2413