


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 021 ***150.00

DOCUMENT # P03000090118	
1. Entity Name PRO FINISH PAINTING, INC.	

Principal Place of Business P.O. BOX 1479 HOMOSASSA SPRINGS FL 34447	Mailing Address P.O. BOX 1479 HOMOSASSA FL 34447
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2. Principal Place of Business 12115 S. Esmeralda Ter. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1479 Suite, Apt. #, etc.
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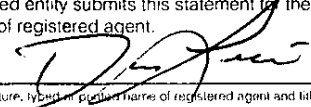
1st MOORE CR2E034 (10/05)

City & State LECAIRTO HOMOSASSA, FI	City & State HOMOSASSA SPGS, FI
Zip 34461	Zip 34447
Country CITRUS	Country CITRUS

4. FEI Number 56-2393203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LESLIE, DAVID 9668 N LORETTA WAY CITRUS SPRINGS FL 34434	
7. Name and Address of New Registered Agent Name DAVID LESLIE Street Address (P.O. Box Number is Not Acceptable) 9668 N LORETTA WAY City CITRUS SPRINGS FL Zip Code 34434	

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 	DATE

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, DAVID P.O. BOX 1479 HOMOSASSA FL 34447 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: 	Date 4/4/06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		