## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000090667

City-St-Zip:

JACKSONVILLE, FL 32210

Entity Name: COTHREN'S COAT OF MANY COLORS PAINTING, INC.

FILED Mar 14, 2006 Secretary of State

Current F	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
5340 APPLETON AVE JACKSONVILLE, FL 32210			4533 HIGHWAY AVE JACKSONVILLE, FL	4533 HIGHWAY AVE JACKSONVILLE, FL 32254	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5340 APPLETON AVE JACKSONVILLE, FL 32210			PO BOX 6231 JACKSONVILLE, FL	PO BOX 6231 JACKSONVILLE, FL 32236	
FEI Numbe	r: 73-1677307	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1315-1 LA	JOHNEL K ANE AVE S NVILLE, FL 32	205 US			
	e named entity te of Florida.	submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	ampaign Financir	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD ( COTHREN, DO 5340 APPLETO		Title: Name: Address:	( ) Change ( ) Addition	

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: DONNY E COTHREN PD 03/14/2006