2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094265

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PORT ORANGE, FL 32119

STAMPER, CHARLES

1600 JONES STREET #A

SOUTH DAYTONA, FL 32119

() Delete

FILED Apr 24, 2006 Secretary of State

Entity Na	me: TOM'SF	PAINTING SERVICE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	G GROVE LA ANGE, FL 32				
Current Mailing Address:			New Mailing Address:		
	G GROVE LA ANGE, FL 32				
FEI Number	: 30-0202015	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	BETTY L G GROVE LA ANGE, FL 32				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MROTEK, THO 3771 LONG G PORT ORANG	ROVE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD (MROTEK, DAN 1743 ARASH (Title: VD Name: MROTEK, D/ Address: 1714 DESTI		

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PORT ORANGE, FL 32127

STAMPER, CHARLES

HOLLY HILL, FL 32117

604 CENTER LANE

(X) Change () Addition

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: THOMAS B MROTEK PD 04/24/2006