2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107204

1. Entity Name
MICHAEL'S PAINTING, INC.

Principal Place of Business	Mailing Address
342 LINCOLN AVE VALPARAISO, FL 32580	PO BOX 237 VALPARAISO, FL 32580

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3033587	Not Applicable

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

6. Name and Address of Current Registered Agent

INGRAM JR, DOUGLAS T
912 SOUTH PALM BLVD
SUITE E
NICEVILLE, FL 32578

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000520423
05/02/06-00094-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	PRESTWOOD, MICHAEL R
STREET ADDRESS	342 LINCOLN AVE.
CITY-ST-ZIP	VALPARAISO, FL 32580

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: Michael R Prestwood - Michael R Prestwood   4-16-06   850-830-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #