

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000110659

1. Entity Name
LESTER'S PAINTING, INC.



Principal Place of Business
6443 BALDWIN AVENUE
NEW PORT RICHEY, FL 34653

Mailing Address
6443 BALDWIN AVENUE
NEW PORT RICHEY, FL 34653



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0521766** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCANN, LESTER M
6443 BALDWIN AVENUE
NEW PORT RICHEY, FL 34653

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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 \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE **P,VP**
 NAME **MCCANN, LESTER M**
 STREET ADDRESS **6443 BALDWIN AVENUE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **S,T**
 NAME **MCCANN, LESTER M**
 STREET ADDRESS **6443 BALDWIN AVENUE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

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 01/10/06-80024-005 150.00

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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: Lester M. McCann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 727 848-3180
Date Daytime Phone #

Lester M. McCann