

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111982

FILED  
Aug 08, 2006  
Secretary of State

Entity Name: HANCOCK PAINTING SERVICE INC.

## Current Principal Place of Business:

4024 PLATT ST  
NORTH PORT, FL 34286 US

## New Principal Place of Business:

## Current Mailing Address:

4024 PLATT ST  
NORTH PORT, FL 34286 US

## New Mailing Address:

FEI Number: 20-0293716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANCOCK, SHAWN  
4024 PLATT STREET  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HANCOCK, SHAWN  
Address: 4024 PLATT STREET  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP ( ) Delete  
Name: MILLER, CHRISTOPHER  
Address: 3366 CABARET STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D,T ( ) Delete  
Name: HANCOCK, AMANDA  
Address: 4024 PLATT STREET  
City-St-Zip: NORTH PORT, FL 34286 US

Title: S (X) Delete  
Name: RADICH, MICHAEL J  
Address: 3366 CABARET ST.  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HANCOCK, AMANDA B VP  
Address: 4024 PLATT STREET  
City-St-Zip: NORTH PORT, FL 34286 US

Title: D,T (X) Change ( ) Addition  
Name: MILLER, NANCY A D,T  
Address: 3359 CABARET STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: AMANDA B. HANCOCK

VP

08/08/2006

Electronic Signature of Signing Officer or Director

Date