

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000114243

Entity Name: SHANE WILLIAMS PAINTING, INC.

FILED
Jul 31, 2006
Secretary of State

Current Principal Place of Business:

608 6TH STREET
HOLLY HILL, FL 32117

New Principal Place of Business:

159 DIX AVENUE
ORMOND BEACH, FL 32174

Current Mailing Address:

608 6TH STREET
HOLLY HILL, FL 32117

New Mailing Address:

708 ORCHARD AVENUE
ORMOND BEACH, FL 32174

FEI Number: 20-0398162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SHANE D
608 6TH STREET
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

WILLIAMS, SHANE D
159 DIX AVENUE
ORMOND BEACH, FL 32174 US

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

07/31/2006

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WILLIAMS, SHANE D
Address: 608 6TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: VP (X) Delete
Name: BURCH, DAVID V. P.
Address: 608 6TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: SEC (X) Delete
Name: MACKEY, ROBERT SEC
Address: 326 STATE STREET APT 5
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, SHANE D
Address: 159 DIX AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

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

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: SHANE D WILLIAMS

Electronic Signature of Signing Officer or Director

P

07/31/2006

Date