


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90373 031 ***150.00

DOCUMENT # P03000114771			
1. Entity Name JAMES BROOKS PAINTING, INC.			
Principal Place of Business WICKHAM COMMONS SELF STORAGE #372 7300 DOLINA COURT MELBOURNE, FL 32940		Mailing Address 2679 FLORIDIANE DRIVE MELBOURNE, FL 32935	
2. Principal Place of Business 416 Alachua Ave NW Suite, Apt. #, etc.		3. Mailing Address 416 Alachua Ave NW Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State Palm Bay FL	
Zip 32907		Zip 32907	
Country		Country	
6. Name and Address of Current Registered Agent MILLER, ALLEN 2087 SARNO ROAD MELBOURNE, FL 32950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, JAMES 2087 SARNO ROAD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Brooks 416 ALACHUA AVE NW PALM BAY FL 32907 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James Brooks</i>		3/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

00049194



03162006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3777732 Applied For Not Applicable

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