

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000118320**

1. Entity Name  
**DUTCHBOY PAINTING CO., INC.**



Principal Place of Business  
**10549 101ST AVE N  
SEMINOLE FL 33772**

Mailing Address  
**10549 101ST AVE N  
SEMINOLE FL 33772**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**61-1458759**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**KOHLER, THOMAS A  
10549 101ST AVE N  
SEMINOLE FL 33772**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPT KOHLER, THOMAS A 10549 101ST AVE N SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>UN0000411326</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/10/06-80002-019 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS KOHLER, SANDRA 10549 101ST AVE N SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas A. Kohler* **Thomas A. KOHLER** **1-24-06 (727)393-9024**