


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # PD3000125237			
1. Entity Name TIM RIEHM PAINTING, INC.			
Principal Place of Business 1119 MELODY LANE SEBRING FL 33872		Mailing Address 1119 MELODY LANE SEBRING FL 33872	
2. Principal Place of Business <i>1119 Melody Lane</i>		3. Mailing Address <i>1119 Melody Lane</i>	
Suite, Apt. #, etc. <i>LANE</i>		Suite, Apt. #, etc. <i>LANE</i>	
City & State <i>Sebring FLA</i>		City & State <i>Sebring FLA.</i>	
Zip <i>33872</i>	Country <i>Highlands</i>	Zip <i>33872</i>	Country <i>Highlands</i>
6. Name and Address of Current Registered Agent RIEHM, TIM 1119 MELODY LANE SEBRING FL 33872		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E034 (10/05)

4. FEI Number **03-0536206** Applied For Not Applicable

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

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 \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$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 RIEHM, TIM 1119 MELODY LN SEBRING FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCQUILLAN, SHANNON 1119 MELODY LN SEBRING FL 33872 <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: *Tim Riehm* Date: *2-26-06* Daytime Phone #: *382-3916*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR