2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 16, 2006 08:00 AM DOCUMENT # P03000125984 **Secretary of State** DON COWSERT PAINTING, INC. Principal Place of Business Mailing Address 1550 16TH STREET ORANGE CITY FL 32763 1550 16TH STREET TORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 14-1899376 Not Applicable ZipCountry Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COWSERT, DONALD L 1550 16TH STREET Street Address (P.O. Box Number is Not Acceptable) **ORANGE CITY FL 32763** 3. 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 late if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Change ☐ Addition COWSERT, DONALD L U00000469263 25/06-80021-019 150.00 NAME NAME STREET ADDRESS 1550 16TH STREET STREET ADDRESS CITY-ST-ZIP **ORANGE CITY FL 32763** City-St-702 SITLE ☐ Defete TIFLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IP MLE ☐ Detete WILE Change Addition NAME STREET ADDRESS STRUET ADDRESS CBY-SI-7P CITY - S7 - 27P TITLE Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP; CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-712 CITY-ST-ZIP HILE Defete Addition ilit ( Change NAME NAME STRELL ADDRESS STREET ADDRESS City-S7-ZiP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED