

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129255

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: JASON BERRY PAINTING, INC.

## Current Principal Place of Business:

544 GIRALDA AVE  
DELTONA, FL 32725 US

## New Principal Place of Business:

473 CHAMPLAIN DR.  
DELTONA, FL 32725 US

## Current Mailing Address:

544 GIRALDA AVE  
DELTONA, FL 32725 US

## New Mailing Address:

473 CHAMPLAIN DR.  
DELTONA, FL 32725 US

FEI Number: 06-1713295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERRY, JASON  
544 GIRALDA AVE  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

BERRY, JASON R  
473 CHAMPLAIN DR.  
DELTONA, FL 32725 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: JASON R. BERRY

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BERRY, JASON  
Address: 544 GIRLADA AVE  
City-St-Zip: DELTONA, FL 32725 US

Title: TRES ( ) Delete  
Name: BERRY, JASON  
Address: 544 GIRLADA AVE  
City-St-Zip: DELTONA, FL 32725 US

Title: SEC ( ) Delete  
Name: BERRY, JASON  
Address: 544 GIRLADA AVE  
City-St-Zip: DELTONA, FL 32725 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BERRY, JASON R  
Address: 473 CHAMPLAIN DR.  
City-St-Zip: DELTONA, FL 32725 US

Title: TRES (X) Change ( ) Addition  
Name: BERRY, JASON R  
Address: 473 CHAMPLAIN DR.  
City-St-Zip: DELTONA, FL 32725 US

Title: SEC (X) Change ( ) Addition  
Name: BERRY, JASON R  
Address: 473 CHAMPLAIN DR.  
City-St-Zip: DELTONA, FL 32725 US

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: JASON R. BERRY

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date