

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000131445**

1. Entity Name

BUDGET QUALITY PAINTING, INC.



Principal Place of Business

44 POINT PLEASANT DRIVE  
PALM COAST, FL 32164 US

Mailing Address

44 POINT PLEASANT DRIVE  
PALM COAST, FL 32164 US



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0384178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALMODOVAR, RUDY V II  
44 POINT PLEASANT DRIVE  
PALM COAST, FL 32164

**DO NOT WRITE  
IN THIS SPACE**

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 rotating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALMODOVAR, RUDY V II  
STREET ADDRESS 44 POINT PLEASANT DRIVE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE TREA  
NAME ALMODOVAR, RHONDA M  
STREET ADDRESS 44 POINT PLEASANT DRIVE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000425216  
02/18/06-80087-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/06 (384) 586 3693