2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 08:00 AM Secretary of State

ANNOAL KEPOKI							Secretary of State				
DOCUMENT # P03000131582 1. Entity Name MRC PAINTING COMPANY							Secretary or State				
Principal Place of Business Mailing Address							1				
5446 BLOOMFIELD BLVD LAKELAND, FL 33810			5446 BLOOMFIELD BLVD LAKELAND, FL 33810					T: 11844 1(181 1184)	eller cerne ill	E-P-S- 11 (TE)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt #, etc.				04142006	Chg-P	CR2E034	(11/05)	
City & State			City & State				4. FEI Numbe 20-0393				oplied For ot Applicable
Zip	Country		<u> </u>	Zip Cour		ntry	5. Certificate of Status Desired See Required				
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name								
CORDOVA, MICHAEL R 5446 BLOOMFIELD BLVD LAKELAND, FL FL						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zıp Cod	e
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	ri applicable (NOT)	Register	d Agent signature required	t when rainstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.								00000 05/19/06	10563006 1-80078-1	010 1	.50.00
10.	OFFICERS AND DIRECTORS 1						ADDITIONS/0	CHANGES TO OFFI			
TITLE NAME	P Delete IIII				TITL) Change	Addition
STREET ADDRESS CITY ST-ZIP	5446 BLOOMFIELD BLVD					EET ADDRESS ST-ZIP					
MLE					TITL	E			C	Change	Addition
NAME STREET ADDRESS CITY ST ZIP	5446 BLOOMFIELD BLVD					EET ADORESS -ST-ZIP					
TITLE	D Delete Int.								Change	☐ Addition	
NAME STREET ADDRESS	1	A, GABRIEL M OMFIELD BLVD			NAM	ET ADDRESS					
CITA 21 VIL	1	D, FL 33810				-SI-ZIP					}
TITLE				Delefe	tinu	1		.,,		Change	Addition
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NAME STREET ADDRESS	-				NAM STRE	E Et address					
CITY-ST-ZIP						-ST - ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE	"	- 		☐ Deleje	IIILI	i				Change	Addition
NAME STREET AODRESS					NAM STRE	ET ADORESS					ļ
CLTY - ST - ZIP	<u> </u>					-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: MC LOS SIGNATURE AND TYPED OR FINTED NAME OF SIGNING OFFICER OR DIRECTOR LIGIT Days the Prome 4											
SIGNATURE: My Los Signiture and Typed orderinted Make Of Signing Officer or Director Late Caylore From 4											