

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90156 009 \*\*\*150.00

**DOCUMENT # P03000131620**

1. Entity Name  
**JAY CHAMBERLAIN PAINTING CONTRACTOR INC**



Principal Place of Business Mailing Address  
3773 CENTRAL AVENUE 5246-4TH AVE. 3773 CENTRAL AVENUE 5246-4TH AVE.  
SUITE C5246 SUITE C5246  
ST PETERSBURG, FL 33713 US ST PETERSBURG, FL 33713 US  
33710 33710

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

04182006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
20-0391361 Not Applicable

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

6. Name and Address of Current Registered Agent  
WINEBRENNER, JACK M  
3773 CENTRAL AVENUE  
ST PETERSBURG, FL 33713

7. Name and Address of New Registered Agent  
Name JAY CHAMBERLAIN  
Street Address (P.O. Box Number is Not Acceptable)  
5246-4TH AVE NO.  
City ST PETERSBURG FL Zip Code 33710

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 JAY CHAMBERLAIN PRESIDENT Jay Chamberlain 4/24/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete  
NAME CHAMBERLAIN, JAY  
STREET ADDRESS 5246 4TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33710  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
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CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Jay Chamberlain JAY CHAMBERLAIN 727 480 6473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #