

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P03000134286

1. Entity Name
CHUCK MCLAUGHLIN PAINTING INC.



Principal Place of Business
**421 SEGOVIA RD
ST AUGUSTINE, FL 32086**

Mailing Address
**421 SEGOVIA RD
ST AUGUSTINE, FL 32086**



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 55-0854585 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, CHARLES A
421 SEGOVIA RD
ST AUGUSTINE, FL 32086**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | MCLAUGHLIN, CHARLES A |
| STREET ADDRESS | 421 SEGOVIA RD |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | V |
| NAME | MCLAUGHLIN, ROSEANN A |
| STREET ADDRESS | 421 SEGOVIA RD |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | D |
| NAME | MCLAUGHLIN, RYAN P |
| STREET ADDRESS | 421 SEGOVIA RD |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | D |
| NAME | MCLAUGHLIN, JOCELYN |
| STREET ADDRESS | 421 SEGOVIA RD |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

Roseann McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13th 2006
Date

Daytime Phone #