

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000136102

1. Entity Name

HAM QUALITY PAINTING, INC.



FILED

06 APR 28 AM 9:19

SECRETARY OF STATE



Principal Place of Business 4 SARAH LANE FORT WALTON BEACH FL 32547	Mailing Address 4 SARAH LANE FORT WALTON BEACH FL 32547
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2. Principal Place of Business 3. Mailing Address

1st MOORE CR2E034 (10/05)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 20-0409032	Applied For <input type="checkbox"/> Not Applicable
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Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDER, JIM
102 OAKHILL AVE
FT WALTON BEACH FL 32547**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAM, JOSEPH	
STREET ADDRESS	4 SARAH LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0008548513
05/10/08-30144-012-508.75

300075971613
06/08/06--01007--002 **158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph Ham Joseph Ham 5-8-06 1850 225 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #