

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000137172

1. Entity Name
MARSHALL PAINTING OF PENSACOLA, INC.



Principal Place of Business
1509 JOHN CARROLL DR
PENSACOLA, FL 32504 US

Mailing Address
1509 JOHN CARROLL DR
PENSACOLA, FL 32504 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0410738

Applied For
Not Applicable

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

REAVES, MARSHALL J
1509 JOHN CARROLL DR
PENSACOLA, FL 32504

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 P
NAME REAVES, MARSHALL J ☐ Delete
STREET ADDRESS 1509 JOHN CARROLL DR
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☐ Addition
NAME 400070476204
STREET ADDRESS 04/14/06--01071--012 **\$61.25
CITY-ST-ZIP

TITLE S/T
NAME REAVES, CANDACE M ☐ Delete
STREET ADDRESS 1509 JOHN CARROLL DR
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME BROWN, KENNETH R JR. ☒ Delete
STREET ADDRESS 1509 JOHN CARROLL DR
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VD- ☐ Change ☒ Addition
NAME Mike Bowright
STREET ADDRESS 1020 E. Jordan St. Unit G
CITY-ST-ZIP Pensacola, FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Marshall Reaves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-7122287

FILED
06 APR -5 AM 7:33
FLORIDA STATE
TALLAHASSEE, FLORIDA

