## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **Secretary of State** DOCUMENT # P03000139018 02-13-2006 90034 001 \*\*\*150.00 1. Entity Name BRIAN PERRY PAINTING INC. Mailing Address Principal Place of Business 6508 3RD AVE. NE 6508 3RD AVE. NE BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address 49th STE 2805 2805 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02052006 Chg-P City & State Applied For City & State 4 FFI Number ALMETTO 20-0478833 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34221 MANATEE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIAN PERRY, BRIAN Street Address (P.O. Box Number is Not Acceptable) 6508 3RD AVE. NE BRADENTON, FL 34208 J 4221 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 app (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D **Change** TITLE ☐ Delete TITLE ■ Addition PERRY, BRIAN NAME NAME 6508 3RD AVE. NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP 34221 TITI F ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IMIE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete тпг ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

- BRIAN PERRYZ /2/66

FILED Feb 13, 2006 8:00 am