2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000139098 Feb 09, 2006 08:00 AM 1. Entity Name **Secretary of State** DAVID HUBBELL PAINTING COMPANY, INC. Principal Place of Business Mailing Address 970 CHATHAM WAY 970 CHATHAM WAY PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 01-0802894 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUBBELL, DAVID B Street Address (P.O. Box Number is Not Acceptable) 970 CHATHAM WAY PALM HARBOR FL 34683 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE ☐ Change ` ∏ Addition HUBBELL, DAVID B NAME NAME U00000426764 STREET ADDRESS 970 CHATHAM WAY STREET ADDRESS 02/20/06-80057-009 150.00 CITY-ST-7/P PALM HARBOR FL 34683 CITY-ST-ZIP TITLE ☐ Defete THE ☐ Change ☐ Addition MANT HUBBELL, LINDA NAME STREET ADDRESS 970 CHATHAM WAY STREET ADDRESS CHY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP 1317 ☐ Delias LΩ C Change ☐ Addition MAME NAME STREET ADDRESS SUBJECT ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILE Oelete Acutar ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Artifal. NAME STREET ADDRESS STREET ADDRESS CUTY - ST - 78 CITY-ST-ZIP HILE ☐ Delete ☐ Change □ Adding NAME STREET ADDRESS STREET ADDRESS CITY -ST-7IF CITY-ST-ZIP

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: