## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000141562

**FILED** Sep 15, 2006 Secretary of State

Entity Name: CHARLES O'BEID PAINTING INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 14470 MIRANNA ST 7289 ASHBROOK DR> BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34601 US **Current Mailing Address: New Mailing Address:** 14470 MIRANNA ST 7289 ASHBROOK DR BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34601 FEI Number: 59-3271143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'BEID, CHARLES 14049 GREGORY ST SPRING HILL, FL 34609 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change ( ) Addition O'BEID, CHARLES O'BEID, CHARLES Name: 14470 MIRANNA ST 7289 ASHBROOK DR. Address: BROOKSVILLE, FL 34613 City-St-Zip: BROOKSVILLE, FL 34601

Address:

City-St-Zip:

Title: Name: Address: City-St-Zip: Title: VΡ Title: (X) Change ( ) Addition () Delete Name: O'BEID, BRANDON Name: O'BEID, BRANDON 8094 WESTERN CIRCLE DR. 8094 WESTERN CIRCLE DR. Address: Address: BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 U City-St-Zip: City-St-Zip: Title: Title: () Delete PRFS ( ) Change (X) Addition IRWIN, STEPHEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

949 COBBLESTONE DR.

SPRING HILL DR., FL 34613 US

SIGNATURE: CHARLES O'BEID V.P. 09/15/2006