


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000141590 1. Entity Name DAVID ALLEGRONE PAINTING CONTRACTOR INC.																																																																																																					
Principal Place of Business 11272 GYRAFALCON AVENUE BROOKSVILLE FL 34613			Mailing Address 11272 GYRAFALCON AVENUE BROOKSVILLE FL 34613																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
Country		Country		4. FEI Number 20-0449202																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applied																																																																																																	
6. Name and Address of Current Registered Agent ALLEGRONE, DAVID 11272 GYRAFALCON AVENUE BROOKSVILLE FL 34613				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																					
DATE _____																																																																																																					
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. <input type="checkbox"/> \$5.00 May Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" style="text-align: center;">U00000477978</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5" style="text-align: center;">04/07/06-80012-017 150.00</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	U00000477978					CITY-ST-ZIP	04/07/06-80012-017 150.00					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS						CITY-ST-ZIP					
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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: <u>David Allegro</u> 3/20/06 352 597 297																																																																																																					