

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 039 ***150.00

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1. Entity Name
ALBERT FAIRCLOTH PAINTING, INC.



Principal Place of Business
10960 BEACH BLVD. #381
JACKSONVILLE, FL 32246-4869

Mailing Address
10960 BEACH BLVD. #381
JACKSONVILLE, FL 32246-4869

2. Principal Place of Business
5557 OLIVER ST
Suite, Apt. #, etc.

3. Mailing Address
5557 OLIVER ST
Suite, Apt. #, etc.



04202006 Chg-P CR2E034 (11/05)

City & State
Jacksonville, Fla
Zip 32211 Country Duval

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Jacksonville, Fla
Zip 32211 Country Duval

4. FEI Number 54-2134785
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOTH, ALBERT
10960 BEACH BLVD. #381
JACKSONVILLE, FL 32246-4869

7. Name and Address of New Registered Agent

Name ALBERT FAIRCLOTH

Street Address (P.O. Box Number is Not Acceptable)
5557 OLIVER ST.

City Jacksonville FL Zip Code 32211

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FAIRCLOTH, ALBERT
STREET ADDRESS 10960 BEACH BLVD. #381
CITY-ST-ZIP JACKSONVILLE, FL 322464869 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALBERT FAIRCLOTH
STREET ADDRESS 5557 OLIVER ST
CITY-ST-ZIP Jacksonville, Fla 32211 ☒ Change ☐ Addition

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

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 904-333-1243
Date Daytime Phone #