

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000146969

1. Entity Name
TOPCOAT PAINTING OF LEE CO. INC.



Principal Place of Business
823 ADELINA AVE
LEHIGH ACRES, FL 33971

Mailing Address
823 ADELINA AVE
LEHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE

**FILED
May 10, 2006 8:00 am
Secretary of State**

05-10-2006 90104 023 ***150.00

60038038



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0122579	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, DICK
823 ADELINA AVE
LEHIGH ACRES, FL 33971

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ 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 PVT
NAME MAYBEE, DAVID
STREET ADDRESS 514 SE 24 AVE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE S
NAME SCHWARTZ, DICK
STREET ADDRESS 823 ADELINA AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *John H. Maybey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 239 481 4197
Date Daytime Phone #