

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 8:00 am  
Secretary of State

04-05-2006 90153 017 \*\*\*150.00

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1. Entity Name  
INT-EXT PAINTING CORP.



Principal Place of Business  
2850 LAFOY COURT  
DELTONA, FL 32738

Mailing Address  
2850 LAFOY COURT  
DELTONA, FL 32738

66011000



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-0519770  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JESUS  
2850 LAFOY COURT  
DELTONA, FL 32738

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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 obligation of registered agent.

SIGNATURE

*Jesús Ramos*  
Signature, typed or printed name of registered agent and sign if applicable.

*Vicepresident*

(NOTE: Registered Agent signature required when reinstating)

*4-17-06*  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
RAMOS, JESUS  
2850 LAFOY COURT  
DELTONA, FL 32738

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
RAMOS, ORLANDO  
2850 LAFOY COURT  
DELTONA, FL 32738

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
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:

*Orlando Ramos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-17-06*  
Date

DeVine Proofs