

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 027 ***150.00

DOCUMENT # P03000148921

1. Entity Name
ALBERT GARDINIER'S PAINTING INC



Principal Place of Business
**6141 FREEPORT DRIVE
 SPRING HILL, FL 34606**

Mailing Address
**6141 FREEPORT DRIVE
 SPRING HILL, FL 34606**

2. Principal Place of Business
5071 Higate Rd

3. Mailing Address
5071 Higate Rd

Suite, Apt. #, etc.

City & State
Spring Hill FL

City & State
Spring Hill FL

Zip
34609

Country



02282006 Chg-P CR2E034 (11/05)

4. FEI Number
27-0073644

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARDINIER9, ALBERT
 254 PRYOR ST
 BROOKSVILLE, FL 34601**

7. Name and Address of New Registered Agent

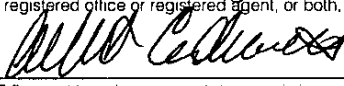
Name
Gardiner Albert

Street Address (P.O. Box Number is Not Acceptable)
5071 Higate Rd

City
Spring Hill FL

Zip Code
34609

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P Delete <input type="checkbox"/>	NAME GARDINIER, ALBERT J	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6141 FREEPORT DRIVE	CITY-ST-ZIP SPRING HILL, FL 34606	STREET ADDRESS 5071 Higate Rd	CITY-ST-ZIP Spring Hill FL 34609
TITLE Delete <input type="checkbox"/>	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE Delete <input type="checkbox"/>	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #