


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-10-2006 90094 030 ***150.00

DOCUMENT # P03000152693 1. Entity Name PRECISION PAINTING CORP BY DAVID PEEPLES					
Principal Place of Business 299 OLD HWY 17 LAKE COMO FL 32157			Mailing Address POST OFFICE BOX 662 LAKE COMO FL 32157		
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-2221880	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEEPLES, DAVID A 299 OLD HWY 17 LAKE COMO FL 32157				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 <i>David A. Peebles</i> (NOTE: Registered Agent signature required when reinstating) 04/29/06					
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 Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEEPLES, DAVID A P.O. BOX 662 LAKE COMO FL 32157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CARTER, EARL J 107 ROBINS DR. GEORGETOWN FL 32139	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAURAMORE, JOHNNY, J II 299 OLD HWY 17 LAKE COMO FL 32157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>David A. Peebles</i> David A. Peebles 06/20/06 386-649-9241 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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1st MOORE CR2E034 (10/05)