


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90385 025 ***150.00

DOCUMENT # P03000153196 1. Entity Name KEVIN STANFIELD PAINTING, INC.					
Principal Place of Business 6122 FOREST PINES ST PENSACOLA, FL 32526			Mailing Address 6122 FOREST PINES ST PENSACOLA, FL 32526		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BARNES, JAMES E 5426 SWANNER RD MILTON, FL 32570-4088				7. Name and Address of New Registered Agent Name <u>STANFIELD, KEVIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>6122 Forest Pines St.</u> City <u>PENSACOLA</u> <u>FL</u> Zip Code <u>32526</u>	
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 <u>KEVIN STANFIELD - PROS</u> <u>Kevin Stanfield</u> <u>4-28-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PVST STANFIELD, KEVIN 6122 FOREST PINES ST PENSACOLA, FL 32526		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"/> Change <input type="checkbox"/> Addition	
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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: <u>Kevin Stanfield</u> <u>Kevin Stanfield</u> <u>4-28-06</u> <u>850-9444570</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40074000



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
54-2137095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, JAMES E
5426 SWANNER RD
MILTON, FL 32570-4088

Name
STANFIELD, KEVIN
Street Address (P.O. Box Number is Not Acceptable)

6122 Forest Pines St.
City PENSACOLA FL Zip Code 32526

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