

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90013 003 ***163.75

DOCUMENT # P03000157468

1. Entity Name

SMILE PAINTING COMPANY



40022848



1st MOORE CR2E034 (10/05)

Principal Place of Business
1942 SPOONBILL ST
JACKSONVILLE FL 32224

Mailing Address
1942 SPOONBILL ST
JACKSONVILLE FL 32224

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **56-2429118**
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

RAY, THOMAS R
1 INDEPENDENT DR STE 2301
JACKSONVILLE FL 32202

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

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
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	HYSAJ, LULZIM	
STREET ADDRESS	1942 SPOONBILL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lulzim Hysaj

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-06

ann-Tim-4773

Date

Daytime Phone #

ATTACHMENT



40022848

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

SMILE RENOVATION & PAINTING CONTRACTOR, INC.
1942 SPOONBILL ST
JACKSONVILLE, FL 32224

SUBJECT: ~~SMILE RENOVATION~~ & PAINTING CONTRACTOR, INC.
Ref. Number: P03000157468

We have received your document for SMILE RENOVATION & PAINTING CONTRACTOR, INC. and check(s) totaling \$163.75. However, your check(s) and document are being returned for the following:

The check submitted is not payable to this office. Please make your check payable to the Department of State.

Please make all checks payable to Department of State.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 506A00010284