


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90116 018 \*\*\*158.75

DOCUMENT # P03000157552 1. Entity Name RASH PAINTING INC.	
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Principal Place of Business 1309 TROLLMAN AVE. DELTONA, FL 32738 US	Mailing Address 1309 TROLLMAN AVE. DELTONA, FL 32738 US
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**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-P CR2E034 (11/05)

4. FET Number 5 19-3620035	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  VICTORIA RASH L 1309 TROLLMAN AVE. DELTONA, FL 32738
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**DO NOT WRITE  
IN THIS SPACE**

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 filer, and date. FETL: Registered Agent signature required when changing.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P RASH, RICKY J SR 1309 TROLLMAN AVE. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RASH, VICTORIA L 1309 TROLLMAN AVE. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY ST ZIP	DIRE RASH, MARK A 1309 TROLLMAN AVE. DELTONA, FL 32738
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**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 I 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: Victoria Rash 2-3-06 386-232-4327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #